QUARTERLY REPORT

OF

THE EDINBURGH SURGICAL HOSPITAL,

FROM MAY TO AUGUST 1829.

By JAMES SYME, Esq.
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(From the Edinburgh Medical and Surgical Journal, No. 101.*)*

In the early part of this year several circumstances, with which it is not necessary to trouble the reader, induced me to resolve on the institution of a Surgical Hospital in Edinburgh. I was not unaware of the difficulty of the undertaking, but trusted that I should be able to accomplish it through the assistance of the medical students and of the public. I believed that the former, from the confidence which they were pleased to repose in me as a teacher of surgery, would support an hospital under my management from its commencement, and that the latter, from their benevolent feelings towards such establishments, would contribute to its maintenance so soon as they saw it fairly in operation and likely to succeed. Encouraged by these considerations, I calculated the expence of the undertaking, and ascertained, that, with accommodation and victuals for twenty patients, with suitable domestics, &c. it would not probably exceed L. 300 for outfit, and L. 700 for annual support. To defray these charges it appeared probable that the following funds might be realized :—

Contributions from the public, -	L. 100
Board of two house-surgeons, - -	200
Fees of students, - - -	250
	L. 550

There would still be left the expence of outfit and L. 150 annually. I made no doubt that the public would soon extend their support, so as to relieve me from this burden, but would willingly have agreed to submit to it permanently rather than not accomplish my object.

It fortunately happened that Minto House, a place familiar to most gentlemen educated in Edinburgh, at this time stood vacant. It was in every respect admirably calculated for the purpose in view, being situated close to the University, in a healthy part of the city, not actually upon, but immediately contiguous to, the densely inhabited ridge of the old town; having extensive private grounds, containing fifteen rooms, besides a ground floor provided with every convenience, and having an abundant supply of water with water-closets even in the highest floor. It may be added, that one very large and elegantly constructed room eighteen feet in height was well suited for an operating and lecture-room. I lost no time in taking a lease of these premises for ten years. Through the liberality of the proprietor every part of the building and inclosures was subjected to a thorough repair, and the grounds were reformed so as to be more useful and agreeable.

While these operations were in progress the vacancy for two house-surgeons was announced, a prospectus for the information of the public was circulated, and a petition was laid before the College of Surgeons, to request their recognition of attendance upon the Hospital about to be established as a qualification for obtaining their diploma. The College, after mature deliberation, determined that, as their diploma was a qualification for general practice, they ought not to be satisfied with attendance upon a purely surgical hospital, but that there could be no objection to receive a course of clinical lectures on surgery, provided I chose to deliver one of the same extent and duration with that of the Royal Infirmary. I thankfully accepted this offer, which promised to answer fully the purpose of my petition, by enabling me to derive a revenue from my pupils without increasing the expence of their education, and by recognizing the respectability of the institution.

The College of Surgeons, in the alterations which have just been made in their curriculum, require eighteen months of hospital attendance, of which twelve months must be in a ge-

neral hospital containing at least eighty beds, and the other six, either in such an hospital, or in one purely medical or surgical. It is to be hoped that they will recognize for this purpose also the Surgical Hospital now established; but it is not proposed to make any application to that effect for at least a year, as the new regulation will only then begin to operate.

In order to satisfy the public that the institution was properly conducted, it seemed proper that the contributors should annually elect a body of directors, who might frequently visit the establishment, and report for the information of their constituents. In the meantime the following gentlemen kindly agreed to accept the office:—

Rt. Hon. the Lord Chief Commissioner.
Lord Moncreiff.
Sir Thomas Gibson Carmichael, Bart.
Sir Alexander Maitland Gibson, Bart.
James Gibson-Craig, Esq. of Riccarton.
John Wauchop, Esq. of Edmonston.
Professor Jameson.
John Christison, Esq. Advocate.
James Ivory Esq. Advocate.
Alexander Smith, Esq. W. S.
Alexander Campbell, Esq.
Rev. John Brown.
John Hardie, Esq. Leith.
Alexander Clapperton, Esq.
Alexander Craig, Esq.

Treasurers.—Messrs Cunningham and Walker, W. S.

Dr Ballingall was good enough to accept the office of Consulting Surgeon.

Everything has turned out fully equal to expectation. In two days after the vacancies for house-surgeons were announced, ten applications were offered. The public have already contributed more than L.100 of annual subscriptions besides nearly as much of donations. And more clinical students applied than could be received, the college having restricted the number attending each course to forty, so long as the beds are not more numerous than at present, viz. twenty-four.

As it may now be reasonably expected that there will be derived from the public - - L.150 0 0 annually
From students, - - 350 0 0

L.500 0 0

it is proposed to make the duty of the house-surgeons be performed in future by my senior apprentices, which will save the time and anxiety requisite for initiating strangers into the ways of the house, especially as it would be unreasonable to expect a succession of such excellent persons to fill this office as the gentlemen who now do so—Dr Cunningham and Mr Smith.

The Hospital is visited every morning at ten o'clock. In the first place, the patients residing in the house are examined, then the students assemble in the lecture-room, where the patients who are desirous of admission, and also those treated as out patients, are carefully examined before them. What seems

interesting in the different cases is then pointed out, and questions are occasionally asked as to the diagnosis and treatment. I then perform what operations are required, and so conclude the business, which usually occupies about an hour.

The Hospital was opened for the reception of patients on the 8th of May. During the three months which have since then elapsed, 380 patients labouring under surgical disorders have applied to the institution for relief. Of these seventy have been admitted into the house.

There have been performed thirty operations, viz.

Amputation of thigh,	3	Excision of elbow joint,	2
——— arm,	1	——— cancerous sores	3
——— through tarsus,	1	——— warty excrescence	3
——— of great toe,	1	Fistula in ano,	1
——— thumb,	1	Hemorrhoids,	1
——— of finger,	2	Polypus nasi,	2
Excision of mamma,	2	Hypospadias,	1
——— tumour,	5		—
——— upper jaw,	1		30

There have been two deaths, under the following circumstances: An old woman, Isabella Macdonald, was brought to the Hospital on the 22d May, very severely injured by the wheel of a loaded cart passing over her. There was a comminuted fracture of the left tibia and fibula about their middle, where an extensive cicatrix indicated the situation of a wound which she had received in her youth from the bursting of a blunderbuss. The left elbow was fractured through the external condyle of the humerus, and on the fore-arm of the same side there was a large lacerated wound exposing the fascia. She was a weak emaciated woman, between 50 and 60 years of age, equally infirm in mind and body, and was regarded from all the circumstances that have been mentioned as little likely to recover. Nevertheless, she did extremely well for about a week, the wound healed, and the fractures seemed to be in a fair way of uniting; but on the seventh day it was observed that mortification had commenced at the injured part of the leg, and, as the system became affected at the same time, it was considered proper to afford the chance of amputation,—a slender one indeed, but still desirable in a case otherwise desperate.

Amputation above the knee by two lateral flaps was accordingly performed, and again the patient seemed about to rally. Her pulse, tongue, and appetite became natural, and the stump showed no tendency to mortification, but it did not heal by the

first intention, and the irritation attending the more tedious process by granulation proved too great for the feeble remains of her exhausted strength. She became hectic, rapidly sunk under an uncontrollable colliquative diarrhœa, and died on the 13th of June. On dissection there was found extensive ulceration of the large intestines, apparently of old standing.

The second death was that of Nancy Ker, aged 2 years, who died in an hour or two after admission, and therefore ought not, according to the usual custom of hospital records, to be ranked among the patients treated in the establishment. This child was brought in on the morning of the 12th July, on account of a severe burn received the preceding evening by falling into a pot of hot water. The extremities at the time of admission were cold, there was no pulsation in the limbs, convulsions speedily ensued, and death took place early in the day.

Fractures.—Of these, there were two of the thigh, one of the tibia and fibula, one of the tibia, two of the radius, two of the olecranon, two of the humerus, one of the clavicle, one of rib, one of metacarpus,—in all 13.

The fracture of the clavicle was cured without any deformity whatever, in a fortnight, by means of the simple bandage, which is founded on the principle of keeping back the shoulders, and elevating the elbow of the injured side with a sling, without placing any foreign substance in the axilla.

Both the cases of fractured olecranon were worthy of notice, on account of the absence of what is generally considered a characteristic symptom of this injury, I mean a separation or drawing up of the broken process to some distance from the shaft, by the action of the triceps. Sir A. Cooper has well observed, that this does not always happen, being occasionally prevented by the strong fibrous covering of the bone at the injured part remaining entire.

This observation is important, since a surgeon not acquainted with it might readily overlook the true nature of the accident, of which mistake I have met with more than one instance, though the diagnosis is still very easy, owing to the mobility of the fragment in a transverse direction.*

Excision of the Elbow-joint.—This operation was performed twice, viz. on Janet Burns, aged 25, from Carnwath, and on John Wells, aged 9. The mode of procedure was the same as that detailed in the account lately published in this Journal of three cases where the operation was performed.

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* I once experienced much difficulty in treating a case of this kind, from a morbid accumulation of synovia consequent on the injury. Having found more gentle means unavailing, I evacuated the fluid by a small puncture, and then speedily obtained a cure.

There was nothing in the previous history of these cases worthy of mention. They both laboured under well-marked caries of the elbow-joint, and would both, a short time ago, have been condemned to amputation without any ceremony. Janet Burns was harassed by a slight degree of chronic bronchitis, which delayed her recovery, and rendered the complete and permanent establishment of her health somewhat doubtful. She left the Hospital considerably better in this respect than when she entered it, and with the prospect of retaining a useful arm.

The boy was a most favourable subject for the operation. His disease resulted from external injury, a fall on the elbow, his constitution was good, and he possessed a most excellent disposition, which induced him to perform accurately whatever he was desired in regard to the position and exercise of the limb. Five weeks have now elapsed since the operation, and he is beginning to regain command of the joint, which is nearly as moveable as ever. I expect a most complete recovery in this case, which will be the more remarkable, as a very large portion of the ulna was removed. After sawing off the extremity of the humerus, and cutting away with the pliers the olecranon and head of the radius, I thought from the sound appearance of the different surfaces that enough had been done, and dressed the wound. But it fortunately happened that when the excised portions were afterwards more carefully examined, one of the gentlemen present, Dr Vallange, observed, that the cut surface of the olecranon presented a small carious cavity, a portion of which must consequently have been allowed to remain. I immediately undid the dressings, and by replacing the olecranon discovered the carious part, which was a sort of cylindrical excavation no wider than a common quill, but running deeply into the bone. Having ascertained its extent by introducing a probe, I insulated the ulna as far as was necessary, and cut it across through the shaft, so as to detach the whole spongy portion of the bone, which was then removed, though not without some difficulty, owing to the connexion of the brachiæus internus.

In this case the only muscle left undisturbed was the biceps; and the difficulty of moving the joint ought to have been if possible still greater than some people allege it to be, when merely the triceps is detached from its insertion. It has surprised me considerably to find that my pupils felt it difficult to conceive how the efficiency of the muscles could be restored in these circumstances, since there are so many parallel cases of every day's occurrence, for instance the use of a stump, which is so soon regained, owing to the muscles fixing themselves round the bone.

The difficulty of conceiving this very easy matter was, however, so great, that I requested Mr Y———, whose case is detailed in my former paper on this subject, to allow the gentlemen attending my clinical lectures to satisfy themselves by ocular and manual examination of the very perfect command which he was able to exercise over his arm. This gentleman is preparing to finish his education as a clergyman, and finds himself able not only to write sermons, but to execute all the ordinary motions of the arm.

Amputation through the Tarsus.—Ann Stewart, æt. 10, entered the Hospital on the 4th June on account of caries of the foot, which had existed two years, in consequence of inflammation induced by the fall of a heavy stone on the instep. There was an opening over the middle cuneiform bone, through which a probe could be passed perpendicularly and transversely in a curved direction to the head of the metatarsal bone of the little toe, indicating throughout its course the existence of caries. There was considerable thickening of the foot at the part mentioned, but higher up it was quite natural. Amputation of the foot had been proposed, but this I was unwilling to perform, as it seemed that the operation of Chopart could be practised with every prospect of success. Having obtained full permission from the parents to do whatever was thought proper, I proceeded as follows:—Having ascertained the situation of the joint between the astragalus and os naviculare by feeling the projection of the latter bone, and that between the os calcis and cuboides by observing the middle distance between the line of the fibula and head of the metatarsal bone of the little toe, I made a semilunar cut from the one to the other, and then, instead of dividing the articulations, which I think renders the subsequent formation of a good flap very difficult, transfixed the sole of the foot from one extremity of the cross cut to the other, and then carried the knife close along the metatarsal bones, so as to detach an ample but well formed covering for the face of the stump. The disarticulation was next effected with the utmost ease, so as to finish the operation in a very short time, and the plantar arteries being secured, the flap was retained in its proper place by five or six sutures.

The wound healed by the first intention, and the patient was able to put her foot to the ground in less than a fortnight. It was then observed, too, that she had regained the power of counteracting the extensors of the ancle, owing to the flexors having obtained new attachments. This is an interesting fact, as many people have objected to the operation on the ground of its leaving no antagonizing power to the gastrocnemius and other extending muscles of the joint, whence the heel would be drawn

up so as to point the cicatrix to the ground. Being in Göttingen some years ago, and seeing a patient on whom Langenbeck had recently performed the operation, I particularly inquired if, in his former cases, of which he had had two or three, any inconvenience on this account had been experienced, and was assured that there had not. The fact just mentioned will help to explain this. About six weeks after the operation, Ann Stewart came to the Hospital and walked into the presence of myself and pupils, when we were examining the out patients, so that I really could not from her gait fix upon the defective foot.

Excision of the upper jaw.—As this case was fully detailed in the last number of this Journal, I have only to state with regard to it, that the unfavourable prognosis then given has not been verified, in as much as though nearly three months have elapsed since the operation was performed, there is no appearance of a recurrence of the disease. I am at a loss to account for this, unless the separation of a very large slough about a week after the operation be considered a sufficient explanation. At all events, the man continues quite well, with the exception of a small gap in his cheek, and feels particularly comfortable in being freed from the distracting and incessant pain which formerly tormented him.

Exfoliation of the whole upper jaw.—The extraordinary case of an out patient may here be mentioned. Mrs C——, about nine years ago, when 20 years of age, became afflicted with a sore on the nose, for which, by the advice of a surgeon in town, she took very large quantities of mercury. The sore extended, the bones became affected, and a rapid exfoliation commenced, which soon deprived her of all the face, except the lower jaw and part of the ossa malarum. I first saw this wretched woman about four years ago, when she presented an appearance inconceivably shocking. The eyes were divested of their coverings, the pharynx was completely exposed to view, and the tongue lay exposed from root to apex, surrounded by the foul and vacillating teeth of the lower jaw, while the whole surface exhibited a most unhealthy description of ulceration. I saw her about six weeks ago, having not done so for a long time previous, and was surprised at the change which had taken place. A cure, so far as a cure was possible, had been completed; the whole ulcerated surface was healed, and the eyes were covered with a firm skin. She was miserably weak, and for a long period had subsisted on little else than laudanum, of which she took daily at least half an ounce. She died soon after this time, when I fortunately obtained the whole head, and ascertained that the remaining bone was every-

where perfectly sound. I do not know how this cure can be explained, except on the principle of the *Hunger Cure;* and think it may perhaps lead to a trial of this severe but powerful remedy in other desperate cases.

Actual cautery.—For some time past I have made much use of another remedy very fashionable in Germany, I mean the actual cautery, as a counter-irritant. In the *morbus coxarius*, and similar disease of the shoulder joint, the *Omalgia* of Rust, I have derived the most striking benefit from its employment. The only case affording fair opportunity for its application was that of William Aitkinson, æt. 36, a plasterer, who was admitted on 9th June labouring under extreme weakness and loss of command of the inferior extremities, with pain and weakness of the back, which was tender to pressure in the region of the loins. His complaints had existed for six months, and were increasing. I burned him very freely with the prismatic cautery of Rust on both sides of the spinous processes of the lumbar vertebræ, and had the satisfaction of seeing him improve daily, so soon as the slough separated. His improvement was regular and progressive, so that when dismissed on the 22d July, he laboured under awkwardness more than weakness of the limbs; he was able to walk quickly, and even to leap with both feet,—in short, had the prospect of a perfect recovery.

Amputation of thigh.—One of the most interesting cases was that of John Parkinson, æt. 10 years, who entered the house on the 17th June on account of what seemed at first sight phlegmonous erysipelas of the left leg. The whole limb from the ancle to the middle of the thigh was much swelled, red, and excessively painful. Having learned that these complaints had existed for nearly a week, notwithstanding the repeated application of leeches, and observing that the pain, which was chiefly referred to the inner or tibial side of the knee, appeared to be more agonizing than that usually occasioned by inflammation of the skin and subcutaneous tissue, I suspected that the mischief was deeply seated. On the following day, perceiving an obscure sense of fluctuation, I made several free incisions into the limb, and evacuated a great quantity of bloody pus. The limb became much less tense and painful, and I hoped that my diagnosis had been incorrect, but this prospect of amendment was soon blighted. The pain, though diminished, still continued, the discharge was profuse and unhealthy, symptoms of hectic made their appearance; and when the different openings over the tibia were examined by a probe, the bone was found to be completely insulated from the soft parts. The bone having thus died without providing a substitute, it seemed to

me impossible to save the limb; but as many people would have thought me rash had I acted immediately on this conviction, I resolved to wait until the affair was more clearly decided. He became weaker and weaker; he passed frequent stools tinged with blood; and on the 30th he was so very low, that I blamed myself for having waited so long, and feared that amputation would hardly save him. Another unpleasant symptom also now appeared, viz. a swelling of the lower third of the thigh, evidently connected with the bone, and extreme tenderness on pressure, which led us to apprehend that the femur was about to die like the tibia. Discouraging as these circumstances were, we resolved on the operation, as affording the only chance, especially as it would be the most likely means of checking inflammation of the femur, if it existed, and of facilitating the removal of any exfoliation that might ensue from it.

The operation was performed as usual by two lateral flaps. On examining the limb, we found, that, with the exception of a small part near the ancle, the tibia was dead throughout its whole extent; even the epiphysis of the knee had perished, and lay bathed in the contents of a great abscess, which distended the joint, and reached up the thigh so far, that the incisions of the operation had almost opened it, though they were made purposely very high, to avoid the suspected part of the bone.

The diarrhœa and other unpleasant symptoms disappeared soon after the operation, under careful medical and dietetical treatment. By the end of a fortnight the wound was healed, and the patient seemed safe, but he then began to droop, his diarrhœa and other hectic symptoms returned, and matter issued profusely from two small apertures in the cicatrix of the stump, which became somewhat swollen and tender to the touch. He continued in pretty much the same state for another fortnight, when we judged it expedient to send him home (Leith Walk) to try the effect of a change of air, and gratify his own ardent longing. About a week after his return, which was on the 22d July, he began to improve, his hectic symptoms left him, and the stump contracted to its proper size. A probe being then introduced through one of the openings above-mentioned, encountered an exfoliation partially detached but not loosened from the femur. When it separates, an opening must of course be made for its extraction; but unless some adverse change takes place, there can now be little fear as to his ultimate recovery.

This case is interesting in several respects. Though the phalanges of the fingers too frequently perish through their whole extent, in consequence of the acute inflammation, which occurring in this situation is designated paronychia, it is rare

to meet with a similarly speedy and complete destruction of the large bones. It is true that some people who still believe in the possibility of dead bone being absorbed by the living vessels, or dissolved by the pus, may entertain a different opinion. This is not a proper occasion for entering on discussions respecting necrosis, otherwise it might easily be proved that the whole shaft of a bone very rarely dies entire, and that, when it does so, there is either no reproduction, or the substitute has been formed more or less completely previous to the demise of its parent.

In this case the destruction was not confined to the shaft, but extended into the knee-joint, contrary to the tenet of some writers, that the epiphyses are exempt from necrosis. There are several preparations in my museum which show the same thing, particularly one of a tibia, which was lately given me by my friend and former pupil, Dr Arrot. It was amputated by his brother in Arbroath, on account of extensive abscesses of the knee-joint.

The exfoliation also which is now going on, notwithstanding the speedy and apparently perfect union of the flaps, is interesting as an indication of the tendency to die, which is occasionally observed in the whole osseous system. Every practical surgeon must have noticed cases where the shafts of almost all the bones of the body were affected with necrosis, just as their heads are at other times occupied by scrofulous caries.

Amputation of the thigh.—William Macintyre, aged 54, entered the Hospital on 29th July, on account of a diseased state of the inferior extremity, which made him desirous to part with it. The foot presented an extraordinary appearance, being greatly enlarged, and strangely altered in form, so as to constitute a shapeless unwieldy mass, equally useless and unseemly. He stated, that for the last five or six years he had suffered from repeated and almost uninterrupted attacks of inflammation and suppuration of the limb, in the course of which most of the toes dropped off. There was still a large sore in the fore part of the foot, but most part of its surface, together with that of the leg, was covered with thick cicatrices. The patient suffered little, except from unwieldiness of the limb, owing to the weight of the foot, and stiffness of the ancle-joint, which, by preventing him from placing the heel on the ground, rendered progressive motion quite impossible, except by means of crutches, but he was rendered so unhappy by this state of helplessness, as to desire the only relief which it was in our power to afford—removal of the limb. The thickened and indurated condition of the soft parts rendered it impossible to obtain a covering for the bones any lower than the highest practicable

point for amputating below the knee, viz. at the tuberosity of the tibia, and here only by forming two equal flaps according to the plan described in a former number of this Journal. This operation having been performed, we were sorry to find that the bones presented such an unhealthy appearance, as precluded any reasonable prospect of a cure, and therefore, however unwillingly, determined on repeating the amputation above the knee. This was immediately done, the popliteal artery, which alone required a ligature, was secured, and the edges of the wound being stitched together and suitably dressed, the patient was conveyed to bed wonderfully little exhausted by his sufferings. He did extremely well afterwards, with the exception of some nausea and vomiting on the third day, and has now every prospect of a speedy and perfect recovery.

Amputation of fore-arm.—John Baxter, a white faced unhealthy looking boy, had for six or eight months laboured under a scrofulous enlargement of the wrist, with caries of radius. I did not think this in any respect a proper case for excision of the diseased bone, and therefore amputated the hand by two flaps. Dissection proved the necessity of the operation, by showing the whole synovial apparatus of the carpus greatly thickened, and completely degenerated into the true gelatinous condition which indicates the scrofulous action. The radius was even more widely diseased than had been supposed.

Amputation of fingers and toes.—It was necessary to remove several fingers and toes on account of the destructive effects of paronychia and caries of the articulations. The amputations were all performed at the metacarpal and metatarsal joints by two lateral flaps, which were not made, however, quite according to the plan of Lisfranc, who forms one while cutting into the joint, and the other when cutting out from it. This method answers very well where the parts concerned are in their natural state as to softness and laxity, but can hardly be accomplished without injury to one or other of the flaps where they are thickened and indurated, in consequence of the preceding inflammation. In such cases, I think it is much better to form the two flaps previous to opening the joint, and even make a little dissection if it is required, to separate their preternaturally firm connexion to the subjacent parts.

Though the bad consequences of leaving an articular surface in amputation are certainly by no means so great as they were formerly supposed to be, it cannot be denied that the wound, after apparently being nearly or entirely healed, is subject to repeated attacks of pain and redness, with more or less discharge of thin serous matter. This disturbance, which is doubtless to be ascribed to irritation attending the removal of the cartilage

by absorption, occurs more frequently and to greater extent when the disease requiring amputation is acute, than when it is chronic, of which there was a good illustration when the cases in question were contrasted with that of amputation through the tarsus, since in three of the former there was considerable trouble from the source referred to, while in the latter the much more extensive articular surface offered no obstacle to the cure.

It would, I am convinced, be a prudent precaution in removing fingers, where the integuments concerned in the operation are altered by the disease, to take away the articulating extremity of the remaining bone. This can be readily done with cutting pliers, and will prevent any risk of the bad consequences above-mentioned. Thus, in operating on Robert Loughead, a stout overfed porter, whose great toe was carious, in consequence of a bruise received some weeks previous to admission by the fall of a heavy box, and where the integuments were much thickened, &c. I cut off the round articular head of the metatarsal bone.

Excision of mamma.—Mary Messer, æt. 38, from Torwoodlee, had been afflicted for nearly three years with all the symptoms so well described by Sir A. Cooper under the title of irritable tubercle of the breast. About two years ago she consulted me on account of these complaints, when I recommended the use of means proper for restoring the uterine secretions, which had long been very irregular, and for three months previous to that time altogether suppressed. She complied with these directions, and in the course of a week had a return of the interrupted discharges. Her complaints were then much alleviated, and continued to be so for several months, when, though the uterine actions continued regular, the symptoms of her complaint became considerably aggravated, and at length the almost incessant, occasionally most unsufferable, pain of her breast shooting into the arm, shoulder, and side, tormented her so grievously both night and day, that she resolved on having the disease removed by the knife. With this view she was sent to the Surgical Hospital by my friend Dr Anderson of Selkirk.

Conceiving it right to comply with the patient's urgent desire to have the breast excised, since all other means of relief had failed, and success had attended extirpation of the testicle when similarly affected, I performed the operation on the 13th May. The wound healed by the first intention, and she left the Hospital on the 23d, quite free from her former sufferings, and in a state of mind very different from the extreme dejec-

tion and anxiety which characterised it previous to the operation. According to the latest accounts from Dr Anderson she continues perfectly well. The breast on dissection exhibited the appearances described by Sir A. Cooper, being merely more dense and uniform in structure than usual.

Excision of Mamma.—Janet Anderson, æt. 40, entered the Hospital on the 8th of May, on account of a scirrhus mamma, which had recently suppurated to a small extent on the surface; it was removed a few days afterwards, the wound healed by the first intention, and she would have been dismissed as quickly as the last mentioned patient, but an abscess formed in the axilla, which excited our worst suspicions, and induced us to detain her for some time longer. Fortunately this abscess did not turn out to be malignant, but healed most satisfactorily, and the patient was dismissed quite well on the 18th June. She returned a few days ago to show that she continued free from complaint, and offer thanks for the care which had been bestowed upon her, previously to departure for the north. *

Margaret Mathieson, aged 23, was recommended to the Hospital on the 10th of June by Dr Johnston of Kirkaldy, on account of a very large and exceedingly hard tumour in the axilla. It filled the axillary cavity so completely as to prevent the arm from being approximated to the side, and was occasionally the seat of severe lancinating pain. It had existed more than half a year, and was continuing to increase progressively. Notwithstanding the youth of the patient, the symptoms just mentioned would probably have induced me to remove the tumour, had other circumstances been favourable to this proceeding, but it was rendered quite impracticable by the firm connexions of the tumour, and even if this objection could have been overcome, the existence of many hard tumours of a smaller size in the neck and throat would have rendered an operation quite unjustifiable.

It occurred to me, that, as the uterine discharges were suspended, advantage might result from the internal administration of cantharides, especially as this medicine has a very remarkable effect in promoting the action of the absorbent vessels in general. In no long time after commencing the course prescribed to her, she noticed a remarkable diminution not only of the pain, but also of the swelling, and regularly improved

* It has afforded me equal pleasure and surprise to find that the patients of the Surgical Hospital have manifested by their conduct and expression much more gratitude for the attention bestowed on them, than is usually met with in treating people of the lower orders, especially in hospitals.

until the 10th of July, when, being comparatively speaking well, she returned home in great joy at her recovery.

Warty Excrescences.—Of these the most remarkable was that of J. M., aged 32, who was admitted on the 8th of June to be relieved of a most painful and unseemly growth from the glans and prepuce. Some months previously he had had the prepuce slit open on account of warts which continued to increase after they were exposed to view, so as at length to occasion the frightful mass for which he sought relief. A very small part of the anterior part of the glans was visible; behind this there was a hard irregularly tuberculated tumour about the size of a small orange, from which proceeded a most fœtid discharge, and frequent severe burning lancinating pains shooting into the groins. It is not improbable, that when pathological distinctions were less attended to than they are at present, this tumour would have been at once regarded as cancerous, and considered a sufficient warrant for amputation of the penis.

Concluding, from all the circumstances of the case, that the disease was not malignant, I cut away the excrescence by means of a straight sharp-pointed bistoury introduced between it and the glans, so that the morbid part was detached in the form of a ring. Some small portions which remained were afterwards easily taken away by scissors. The wound was dressed with dry caddis; it healed most kindly, and permitted the patient to depart in a fortnight.

Hæmorrhoids.—Of this disease a very severe case occurred in a young man, John Begrie, æt. 22, from Greenock, who had for many months been harassed by frequent and painful stools, with purulent and bloody discharge. He had suffered several operations, as he said for fistula, and believed that his complaints depended on stricture of the rectum. On examination I could not find any contraction of the gut within reach of my finger; and before subjecting him to the exploration of bougies, I determined to remove several large vascular and painful hæmorrhoids which existed round the verge of the anus. There were several more excrescences of the same sort within the sphincter, but it did not seem to me prudent to interfere with them, at all events in the first instance, since the removal of external piles so frequently cures those which are internal. I accordingly excised the first mentioned tumours by means of double hooked forceps and scissors, and had the satisfaction of finding my prognosis amply verified, as the patient left the establishment in a few days restored to health.

Fistula in ano.—There was only one operation performed for this complaint, and it was interesting merely as an instance

of the extreme facility with which this formerly so much dreaded disease may be cured by the improved practice of modern surgery. It appears that the circumstances of most importance to be recollected are, 1*st*, That the internal opening must be included in the incision of the sphincter; 2*d*, That when the internal opening exists, which it almost invariably does, it is situated very close to or rather at the sphincter; 3*d*, That it is not necessary to divide the gut higher than the internal opening; and *lastly*, that no dressing ought to be interposed between the cut edges, at all events not after the second day. It is truly astonishing that so many practitioners should still remain unacquainted with these important facts which lead to a practice as simple and successful, as the one, or rather the many, which preceded it, were operose, distressing, and inefficient.

It is particularly to be regretted, that the observation of M. Ribes, in respect to the situation of the internal opening, should have met with so little attention in this country.

John Finlay, æt. 45, had suffered for many months from fistula in ano. The operation was performed on the 17th June, and he left the Hospital eight days afterwards in such a state of convalescence, as enabled him to resume his employment of night patrol in the police establishment; and, to use his own words in a letter of thanks addressed to me the other day, "has been on duty ever since both wet and dry, has not experienced the least symptom of his complaint, and is now as sound and stout as he ever was in his life."

At the same time with this patient, I operated upon a gentleman who had long been harassed in the discharge of his military duties, by a similar complaint. On the second day after the operation, he dined abroad at some distance in the country, and in a few days more departed for London, where what remained of the wound healed without any trouble, so that he returned in perfect health. Fistula in ano is too frequently connected with morbid conditions of the lungs and intestines, equally fatal and incurable; but where it exists without such complication, ought to be regarded as one of the most simple and satisfactory subjects of surgical practice.

Hypospadias.—The case of John Sparks, æt. $2\frac{1}{2}$, labouring under congenital hypospadias, was remarkable, in so far as, besides the preternatural aperture at the neck of the glans constituting the disease, there was an appearance of the proper opening, separated from the former by a bridge of skin. On introducing a probe into the superior or proper opening, I found that it did not lead to the urethra, but terminated in a narrow *cul de sac*, about half an inch deep. The preterna-

tural opening was extremely small, indeed hardly visible, and it was on account of the difficulty of voiding his urine through it that the patient's friends brought him to me in quest of relief. It would have been easy to afford temporary relief by dilating the unnatural opening; but it seemed to me better to perform the operation so as to attain this object, and also prevent the future inconvenience of being unable to effect impregnation owing to the dependent position of the orifice of the urethra. I therefore divided the septum between the two canals, and propose, so soon as the wound is healed, to close up what is necessary at the lower part of the opening, so as to give it the proper direction.

Cancer of the Lip.—The general or rather invariable plan of removing cancerous sores of the lip followed in this country is to include them in two oblique incisions, which unite at an angle, more or less acute, towards the chin. When the disease affects the lip to much depth, this proceeding is probably the most advantageous that can be adopted, but when it is superficial, and especially when the surface is extensively affected, it is equally injurious and unnecessary. In such cases the surface alone requires to be removed, and if this be done properly, instead of the hideous deformity which results from removal of the lip, there is hardly any alteration to be perceived. It is in such cases that the plan recommended by Richerand in the Annuaire Medico-Chirurgicale is decidedly preferable to the common one, which ought to be restricted to those occasions where the lip is deeply affected. I find on a comparative trial with other means that the curved scissors are by far the most convenient for effecting the removal in question ; but instead of healing the wound by granulation, according to the advice of Richerand, it is much better to unite the skin and mucous lining of the lip by means of sutures, either twisted, or what answers better, interrupted.

George Angus, æt. 50, from Limekilns, applied to the hospital on account of a sore on the lower lip, which had existed for two years, and resisted all the ordinary measures for its cure. There were two horny excrescences proceeding from it, and the patient complained of occasional pain. As there was no induration of the lip under the base of the sore, I removed it with the curved scissors at one cut, and sewed the edges together. The patient suffered no inconvenience, and returned home in three days without the slightest deformity.

Tumour of orbit.—Edward Ramage, aged 3, from Selkirk, was sent to town by my friend, Dr Anderson, on account of a tumour of the orbit which had existed or rather been noticed for six months. There can be little doubt that it was of older standing, since the first thing that attracted attention was

the one eye being smaller than the other, in other words, the distension of the lower eyelid so much that it prevented the eye from being seen. The patient latterly complained of pain in the swelling, but continued to enjoy the most robust health. I made an incision on the tumour in the direction of the fibres of the orbicularis palpebrarum, and exposed its surface so far as was possible by dissection. Having ascertained, what we had previously every reason to expect, that it went back into the orbit, I attempted to disengage it from the surrounding parts, but finding that it rested closely on the orbitary plate of the maxillary bone, I removed the bulk of the mass, and then, by careful manipulation with my fore-finger, dislodged what remained. The pieces when put together seemed to be perfect, and nothing more of it could be felt in the orbit. The tumour possessed a very dark colour, and so far might be called melanotic, but, instead of having the friable, granular or almost semifluid consistence of the morbid formation usually designated by this title, it had a fibrous structure more like that of the worst species of osteo-sarcoma. Our prognosis, therefore, as it might be supposed, was not very favourable. The patient, however, did well, and in the course of a fortnight returned to the country, where, the last time I heard of him, he was running about as usual.

Hydrocele.—There were only two cases of hydrocele, but both rather interesting. The first was that of William Macintosh, æt. 28, a north country cattle drover, who entered the Hospital on the 17th May, labouring under the following complication of diseases:—Sores on the penis, bubo, ague caught on passing through some of the fenny districts in England, and a hydrocele of nine years standing. Having subdued his other disorders, I punctured the hydrocele, and evacuated a large quantity of chocolate-coloured fluid, holding in suspension many of those small shining scales which my friend Dr Christison has found to be Cholesterine. As there was much enlargement of the testicle, and great thickening of the sac, we did not think it right to inject, and proposed to the patient to perform either the old operation of excising the sac, that is to say, a portion of it, or the more simple process of castration. He preferred the latter, but before submitting to it, found it necessary to return to the north to execute some business of importance. It is this sort of hydrocele which has been named hæmatocele, and probably with some reason. In the case just related it was observed, that when the dark brown fluid was allowed to stand quietly in the glass, a quantity of pure blood collected in the botttom, and in another case formerly under my care, the hemorrhagic nature of the disease was still more manifest. I punctured a large hydrocele, and drew off a quantity of the same sort of fluid as

above described; but finding that by far the greater part of the swelling still remained, and that the patient, who for several years has been frequently prevented by fits of pain from following his avocation for weeks together, was now suffering more than ever, I proposed removal of the testicle, and performed the operation with perfect success. On examining the tumour, I was not a little surprised to find the testicle quite sound, and that what had led me to think it enlarged was a great mass of dense fibrinous matter, which adhered no less firmly to the tunica vaginalis than the coagulum of an old aneurism does to its inner surface.

The other case of hydrocele treated in the Hospital was that of Alexander Wood, aged 24,—a well marked case of hydrocele of the cord. I drew off the contents, which were perfectly pale and limpid, but did not inject, since it seems that dropsy in this situation is not so apt to return after evacuation as when it is seated in the tunica vaginalis.

The patient accordingly had a very slight return of the swelling, which soon subsided, and he has been dismissed cured.

Compound fracture of the wrist.—Kenneth Mackenzie, aged 38, a sailor on board a merchant vessel, while at Marseilles, about five months previous to his admission, fell from the top of the main-mast, and, besides sustaining other injuries, fractured the left wrist. He was long in the hospital at Marseilles, and since his discharge had assisted in the escape of several small pieces of bone. Judging from the smooth surfaces and angular edges of these pieces which he had preserved, that they had been detached by violence and not by ulcerative absorption, I concluded that the sinuses, pain, and swelling of the extremity which still continued, were owing to some other loose fragments still remaining, and, having detected one with the probe, lost no time in removing it. He immediately began to improve, and though the joint remained stiff, the laxity of the integuments, the freedom from pain, and the drying up of the discharge, proclaimed a most beneficial alteration.

It was my intention to have detailed some other remarkable cases, particularly one of a wonderfully extensible state of the skin, similar to the well-known one of the Spaniard recorded by Job a Meekren, or that of Eleanor Fitzgerald by Mr John Bell, and also to have made some general observations on other surgical subjects, particularly the treatment of burns, glandular swellings, and ulcers, of which there were a great many of all descriptions, especially among the out-patients. The results of blistering old indolent sores in imitation of the natural cure, which is occasionally observed to happen after an erysipelatous affection of the ulcerated limb, appeared among these deserv-

ing of notice. But this report has already attained such a length that it would be improper to prolong it any further.

Many people thought it rash in me to undertake a clinical course before having a single patient in the Hospital; but I trust that what has been said here will be sufficient evidence that materials for the purpose were not wanting. And there can be no doubt, that now when the Hospital is fully established, and every day becoming better known to the suffering poor, it will be in my power to increase the interest not only of my Clinical Lectures, but also of the Reports, which it is my intention to publish regularly through the medium of this Journal.

It would have been tiresome to mention all the occasions on which I derived advantage from the sound judgment of my excellent colleague; but I cannot conclude the present report without expressing my grateful sense of the acknowledgments due from all connected with the establishment to Dr Ballingall, for the manner in which he discharged his duties as consulting surgeon.

75, *George Street*, 8*th August* 1829.

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QUARTERLY REPORT

OF

THE EDINBURGH SURGICAL HOSPITAL,

FROM MARCH TO JUNE 1830.

By JAMES SYME, Esq.

FELLOW OF THE ROYAL COLLEGE OF SURGEONS LONDON AND EDINBURGH, AND LECTURER ON SURGERY IN EDINBURGH.

(From the Edinburgh Medical and Surgical Journal, No. 104.*)*

Brachial Aneurism.—In last Report I related the case of William Gillon, in whom the humeral artery was tied on the 5th of February on account of aneurism at the bend of the arm, arising from an injury received in venesection. At that date, (10th February,) the operation promised to be successful, since, though the numbness, and want of pulsation in the aneurism as well as all the arteries of the limb below the ligature did not continue longer than a few hours, the tumour remained free from pain, softer, and smaller. The swelling soon afterwards began to increase; but, as the pulsation became more obscure, we still hoped that a cure would be obtained without any farther operation; and, in order to promote coagulation, the patient had his arm carefully bandaged, was kept quiet in bed, and used a slender diet. At the end of five weeks, however, finding that there was no progress towards improvement, and regretting the long confinement to which there seemed no prospect of a termination, I began to think seriously of performing

the radical cure by the old method, and this resolution was suddenly confirmed by an occurrence which took place on the 12th of March. In the site of the lancet wound there had all along been an ulceration about the size of a sixpence, which resisted the means employed to cure it, and sometimes manifested a disposition to slough. During the night of the 11th there was a considerable discharge of bloody serum from this part, and on the following morning, when the bandage was taken off, the bleeding threatened to increase. In these circumstances there could be no doubt as to the impropriety of farther delay, and I therefore laid open the tumour through its whole extent by an incision in the direction of the biceps muscle. A firm hollow fibrous coagulum lining the aneurism and preserving its shape being then removed, a gush of arterial blood flowed from the bottom of the wound. Being unable to control this bleeding by pressing above the aneurism, I pressed the points of both my thumbs down upon the vessel at the part where it had been injured, and then gradually separating them from each other was enabled to discover the wound, which was about a quarter of an inch long, gaping, with thick white lips. My assistant having substituted his thumb for one of mine, I attempted to detach the vessel from its connections; but finding this impossible, owing to the consolidation of all the surrounding tissues, which rendered the coats of the artery quite undistinguishable, I simply passed the needle round it above and below the aperture, so as to convey two ligatures, which being tied, effectually restrained the bleeding. No unfavourable symptom ensued; the ligatures separated on the ninth day; and the patient was dismissed on the 24th.

I have been particular in detailing this case, because I think it ought to have considerable weight in inducing surgeons to abandon the modern operation for aneurism at the bend of the arm. The ligature of the artery above the disease is here particularly difficult, while it may be practised at the seat of the injury without the difficulties that attend such a proceeding in other situations, unless indeed the former method has been tried and failed, when, as in Gillon's case, the want of command over the hemorrhage during the operation, and the condensation of parts occasioned by the longer continuance of the disease, render its performance far from easy.

Aneurism by Anastomosis.—Mrs M., recommended to my care by Dr Spence of Cupar, brought her child, which was 8 months old, to the Hospital as a private patient, on account of a nævus on its cheek. The tumour was situated near the angle of the mouth, and was about the size of a hazel-nut, livid, project-

ing, circumscribed, and nearly circular. At the time of birth it was so small as to be hardly perceptible, but had gradually increased, and was still increasing.

As the tumour did not seem to be confined to the surface of the cutis, excision appeared to be the best mode of removing it, and was accordingly performed by means of a cataract extracting knife,—a very convenient instrument for such delicate operations. The wound healed by the first intention, but opened out again in part, owing to an attack of inflammation caused, or at all events aggravated, by the tenseness of the cheek, and the additional stretching that proceeded from the child's crying. The ulcer was dressed with the acetate of lead lotion, and contracted so much, both in extent and depth, that there could be little, if any, permanent trace of it left.

In the early part of last winter I operated in a similar manner on a disease of the same sort in an infant of the same age, whose case excited a good deal of attention and difference of opinion. The tumour was of the same shape, size, and colour as the one last-mentioned, but was situated near the external angle of the eye. It had increased progressively from the time of birth, when it could hardly be perceived, and was still growing. The risk of hemorrhage and convulsions was urged against any operation, while the great and increasing deformity rendered the parents anxious for some remedy. Drs Abercromby and Davidson were in favour of excision, and I entirely agreed with them as to the propriety of this measure, which was executed with complete success. The diseased structure extended so deeply, that after the bulk of the swelling had been taken away it was necessary to dissect out the remainder with forceps and curved scissors. The wound healed by the first intention, and left no mark whatever.

When the tumour is quite superficial, the best mode of destroying it is to induce ulceration and scabbing. This process frequently occurs spontaneously; and I have remarked, that when the disease exists in several different parts of the same person, if one begins to ulcerate the others soon follow. The same salutary process may be induced by any local irritation, which is sufficient to cause a slight degree of inflammation. The introduction of vaccine matter has been recommended for this purpose, but seems to be objectionable, in respect to natural prejudice, particularly as so many other means of irritation answer equally well. A child was brought to me a few weeks ago, on account of a superficial nævus on the right side of the nose, opposite the angle of the eye; it had increased from the time of birth, and was increasing. I passed a common needle and

thread through the disease in its longest direction, and tied the thread so as to prevent it from escaping. No irritation followed immediately, but in a few days the nævus became less vascular, somewhat shrunk, and covered in the centre with a scab. If the process thus commenced does not complete a cure, I shall increase the irritation by applying one or more ligatures.

Fungous Tumour of Mamma.—" Jean Hey, æt. 37, admitted 19th February, on account of a large fungous tumour growing from the upper part of the mamma, not involving the nipple or skin below it, and not seeming to adhere to the subjacent parts. It is of an irregular shape, of a dark-red colour, of a soft consistence, and bleeds freely when touched; the discharge from it is thin, dark-coloured, fœtid, and very copious. The patient is extremely emaciated, her countenance is anxious, and her complexion of a remarkable unhealthy looking yellow hue. She has little appetite, and what food she does take is generally rejected by the stomach. She has frequent fits of sickness, which she ascribes to the smell from her breast; she complains much of pain, and passes restless nights. Pulse quick and weak.

" Last May she had an infant seven months old at the breast, and was much confined to the house. She caught cold one day from going out, and was attacked with erysipelas in the face, which went off the following morning. She continued to be sick and squeamish occasionally for six weeks, her appetite being bad, and her thirst great, when she felt a small hard lump just under the nipple of her left breast. It increased in size, the child still continuing to suck, and formed a large elastic swelling, discoloured on the surface, and very painful. After poulticing it for some time, she applied to a surgeon, who made an incision, and evacuated twenty ounces of a dark-coloured fœtid fluid, and on two other occasions, within the following ten days, discharged two tea-cupfuls of the same sort of matter. Poultices were again applied, but the pain and discharge continued, and an abscess formed, which being opened in January last, was found to contain six ounces of thick fœtid pus. The opening did not close, but the skin, as she described it, began to fall off in small pieces round the wound, while fungous masses at the same time protruded.

" 23d. Mr Syme being willing to afford the patient the only chance she had of recovery, proceeded to excise her breast. He included the tumour along with the nipple, within two semilunar incisions; it adhered slightly to the pectoral muscle, and after dissecting it off, he discovered a small round tumour lying under the muscle, which he likewise removed. The edges of the wound

were brought together with some difficulty, owing to the large quantity of skin removed, and retained by means of stitches. She was ordered beef-tea and wine in small and repeated doses. The diseased part being cut through after the operation, exhibited a very characteristic specimen of medullary sarcoma.

" 24th. Has passed a very restless night, having had profuse diarrhœa. She was ordered half-grain opium pills, to be taken according to circumstances; the stitches to be supported by broad pieces of plaster; beef-tea and wine continued. 25th. The diarrhœa ceased after the first pill. She is looking a good deal better; sickness less; pulse stronger; countenance not so anxious.

" March 2d. She is improving rapidly. Her appetite is now pretty good; pulse stronger; wound looking healthy. To have porter.

" 15th. Wound almost completely healed; desires to go home to attend to her family."

I have given this case at full length from the journals of the Hospital, both because the history of it is rather unusual; and because it shows the possibility of complete temporary recovery by operation from apparently the most hopeless cases of this disease. When I was asked to see this poor woman, she was in the most wretched state it is possible to conceive; the air of the room was poisoned with the stench that proceeded from a discharge so copious as to drench her clothes and the bed on which she lay; her stomach rejected food; and her pulse could hardly be felt. The second time I visited her, I found her busy in the performance of domestic duties, strong and active, while the breast was perfectly healed, and apparently free from any disposition to give her farther trouble.* It has long seemed to me that we are in the custom of comprehending under the title of medullary sarcoma, many morbid growths of very different morbid tendency. Some of these tumours never fungate, though allowed to attain a great size; many of them fungate, but never bleed; others manifest the most remarkable hemorrhagic disposition; and there is the greatest variety with respect to their recurrence after removal. Such being the case, it would seem to be our duty, so long as we have not ascertained the distinctive characters, if there be any, of those of a malignant nature, to afford the patient a chance, by performing the operation whenever the whole existing disease can be taken away.

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* Since this was written, I have learned that her health is again breaking up.

Fungus Hæmatodes of Foot.—Catherine Mean, æt. 46, was admitted 19th April 1830, on account of a large tumour of the foot. It was fully the size of a child's head, was seated on the upper or dorsal aspect, and occupied all the space between the toes and ankle. It had a firm consistence, and was covered with smooth red integument, except at its apex, where several fungous excrescences protruded. The lower part of the leg was somewhat œdematous and inflamed, and she complained of constant pain in the tumour, increased on pressure. She had an unhealthy greenish-yellow complexion, slept ill at night, and showed the other usual indications of disordered health.

Nine years ago she observed a swelling about the size of a pea over the instep. She sometimes felt shooting pains in it, but did not suffer any constant uneasiness until two years ago, when it had gradually attained the size of an egg. Its progress then became more rapid; it inflamed on the surface; so that last February she was induced to apply to a dispensary, where she was advised to use poultices. In the course of a week after, it opened and discharged a large quantity of blood; the fungous growths protruding from the opening. Since then, it has increased rapidly in size, and has of late bled four or five times, about a cupful at once.

I amputated the leg on the 22d, mid-way between the knee and ankle by the flap operation, and the wound healed completely by the first intention, to the surprise of some gentlemen attending the Hospital, who had seen much practice, but never witnessed such an occurrence, (*vide* a paper on the Treatment of Incised Wounds, in this Journal, Vol. xxiv. 52.)

Medullary Sarcoma of Face.—John Mackay, a middle aged man, applied on the 16th of March, on account of a firm circumscribed tumour, the size and shape of the half of a small walnut, which was seated at the inner angle of the eye. It had existed for twelve months, and was immoveably attached to the bones below. As it appeared to me that there could be no doubt that this tumour sprung from the bone, I declined interfering with it. I have been told that an operation was performed afterwards by another surgeon in town, and that the disease was found to descend into the cells of the ethmoid bone.

Tumours of Head and Neck.—David Christison, æt. 31, applied on account of several small encysted tumours of the scalp, and a pretty large one at the angle of the jaw. In removing the former, I followed the practice recommended by Mr Copland Hutchinson, of simply running a knife through the swelling in its long direction, and then pulling out the cyst

with a pair of forceps, which not only saves much pain to the patient and trouble to the surgeon, but also lessens the risk of erysipelas that so frequently follows the removal of such tumours by a tedious dissection. The tumour of the neck consisted of a thin cyst containing steatomatous matter, and of course required a careful dissection,—indeed, it is very seldom that the cyst can be pulled out except in the scalp. I succeeded lately in thus extracting a small tumour of this kind from the face of a gentleman, and another from a child; but these must be regarded as exceptions to the general rule.

Tumour of Lip.—Robert Gardner, æt. 35, applied on the 15th of October, on account of a tumour in the upper lip. I punctured it to ascertain the nature of its contents, and, finding that they presented a purulent appearance, concluded that it was merely an abscess, which would require no farther treatment. In April, however, he returned with the swelling as large as before, I, therefore, dissected out the tumour from the inner side, and on cutting it through found it to consist of a thick pulpy cyst, containing a glairy yellow fluid.

Bronchocele.—Two cases of bronchocele lately presented themselves of very similar appearance, but very different nature. One of these was that of Margaret Welsh, æt. 60, recommended by Dr Johnston of Kirkcaldy. She had laboured under the disease for forty years. It had become very distressing, not by interfering with respiration or deglutition, but by impeding the venous circulation of the head, so as to render it necessary for her to be occasionally cupped or leeched on the neck. She has been using an ointment containing the hydriodate of potass, and *Ungt. Hydrarg. Camphorat.*, with much advantage, as has been ascertained by measurement, comparison with a cast, and her own observations. The other case was that of Janet Johnston, æt. 58, from Orkney, who had laboured under the disease for ten years. The tumour here was evidently composed of large cysts, the fluid or semifluid contents of which could be felt distinctly fluctuating. She stated that an opening had once taken place at the centre of the swelling, from which a great discharge escaped, and there was still a long cicatrix, with subjacent induration to be perceived at this part. As it did not appear that this case admitted of any relief, the patient was advised to take the first opportunity of returning home.

Ganglion.—Marion Ross, æt. 23, applied on the 4th of March on account of a large ganglion attached to the ligament of the patella, the size of an orange, which interfered with her walking and other duties as a servant. Being averse to perform, without trial of milder measures, the radical operations of

seton, incision, or excision, I simply evacuated the tumour by a small puncture, and applied pressure for a few days, when, finding that the swelling was returning, I applied a blister and then a plaster of camphorated mercurial ointment with iodine ointment. Under this treatment the swelling speedily subsided, and she was dismissed cured on the 17th of March.

Marion Colville, æt. 26, recommended by Dr Pagan, applied with a similar disease, though not nearly to the same extent. I did not think it necessary to puncture, but merely blistered and applied the ointment above-mentioned with the same success.

Johanna Fairley, æt. 39, from Kirkcaldy, applied on the 22d of April on account of a large tuberculated ganglion about the size of a pigeon's egg, which was seated on the back of the hand near the wrist, over the extensor tendons of the fore-finger. She had laboured under this disease for five years, and had it evacuated, &c. but was at length suffering so much, that she had made up her mind to be radically cured. I dissected out the tumour, which was composed of a very thin cyst containing the usual glairy substance, and adhering so intimately to the tendons above-mentioned, that it was necessary to insulate them completely for a considerable part of their course. The patient had frequent rigors, with considerable constitutional disturbance, with slight erysipelas of the affected hand, but recovered very well under the use of the tartrate of antimony and acetate of lead poultices.

Ulcers.—It will be seen from the list of cases, that a very great number have been treated at the Hospital. In a former Report, I entered very fully into the consideration of those which are usually styled callous or indolent, and which constitute a very large proportion of the ulcers that are met with in the lower orders. Some have attempted to depreciate the new treatment by blisters which I have proposed for this sort of ulcer, not on the ground of its inefficiency, but because it will not prevent a recurrence of the disease. I know very well that there is often a strong disposition to ulceration of the legs in certain constitutions, and at certain periods of life. I believe that proper precautions, local and general, may frequently prevent this disposition from causing a relapse, but this is more a subject of physic than surgery; and the question that concerns us is, what means are most effectual and speedy for promoting the healing of indolent ulcers? When there is much swelling of the limb,—when the edges of the ulcer are deep and callous,—and when the constitution of the patient is not particularly irritable, the effect of a blister is quite astonishing. In three days

or sometimes less, the surface of the ulcer is much diminished in extent, and on a level with the surrounding skin. Cicatrization then commences, and rapidly extends and completes the cure much more quickly than I have ever seen it accomplished even by the most careful execution of Mr Baynton's method, which of all the others which have hitherto been recommended is certainly the most efficacious.

There have been several cases of a sort of ulceration which presents very distinct characters, and yields readily to a particular mode of treatment. The ulcers I allude to are usually numerous, existing on the instep and lower part of the leg, and also on the back of the hand and arm. They are very superficial, of a circular or crescentic form, and of a grayish or yellow colour, with abrupt edges. They are sometimes painful, sometimes not. These ulcers are very obstinate, unless subjected to the black wash, under which they heal very speedily. I usually give a small quantity of mercury internally, either the blue pill or the oxymuriate, along with sulphate of magnesia. It is worthy of notice, that the mode of cicatrization constitutes one of the most characteristic features in this kind of ulcer. The cicatrix does not extend equally round the circumference, but beginning at one part, the concave part if the ulcer be crescentic, it shoots inwards towards the centre, and then spreads outwards to the remaining circumference.

Ulcer of Great Toe.—The case of James Hume, æt. 21, presented an instance of that very common and distressing ulcer which is usually ascribed to inversion of the nail. The application of caustics to destroy the morbid sensibility of the irritable surface, and interposition of various protecting matters between it and the edge of the nail, and even the free excision of all the overlapping fold of skin, afford little temporary, and no permanent relief, and I have actually known amputation of the toe recommended as the only remedy for this apparently trifling, but most annoying complaint. M. Dupuytren is entitled to much gratitude from persons thus afflicted, for devising an easy and effectual mode of relieving them, viz. removal of the nail in whole or in part. This may appear a very difficult and painful operation, but is neither one nor other if properly performed. One of the blades of strong sharp-pointed scissors should be pushed upwards close under the nail to its root, to which extent it is then to be divided at one stroke, when one of the portions being seized firmly with a pair of dissecting forceps, may be easily extracted in a lateral direction, and then the other, if it is deemed necessary to remove the whole nail, which, however, is seldom the case. In the present instance, the patient had laboured for nearly two years under this distressing affliction, which

rendered him very lame. He was treated in the way described with perfect success.

Lithotomy.—George Calder, æt. 13, applied on account of pain in making water, with frequent desire to do so, under which complaints he had laboured more or less for eleven years. I sounded him and detected a stone. I performed the usual operation on the 16th of March, and extracted a very large mulberry calculus, the largest and roughest that either I or any of the gentlemen present had ever seen. The patient suffered no unpleasant symptom after the operation, except a pretty copious secretion of mucus, and deposition of an ammoniaco-magnesian phosphate between the lips of the wound. He was dismissed cured on the 4th of May.

In this case, the first thing deserving of notice was the small inconvenience suffered by the patient from so large and rough a stone; the best proof of which is, that he had lived eleven years in Edinburgh, where surgical assistance is so readily obtained, without ever having it required for him. It is a curious but well-ascertained fact, that the severity of calculous symptoms is always in direct proportion to the derangement of the urinary secretion; and this is probably the reason that the mulberry calculus, which is attended with very little alteration of the urine, occasions less distress than any other, though its distinguishing roughness would seem to render it the most irritating of the whole. The second remarkable circumstance, is the deposition of the triple phosphate, which accompanied the increased secretion of mucus, appearing when it commenced, and ceasing when it stopped upon the closure of the wound. There was here a good illustration of the mode in which calculi are so frequently encrusted with the triple phosphate, in persons who have suffered great irritation from the disease. The excess of mucus secreted by the excited bladder promotes the putrefactive tendency of the urine, which converting the urea into carbonate of ammonia, thus occasions the precipitate in question.

Mr S., æt. 55, was recommended to my care by Dr Mitchell of Ellom, Aberdeenshire, on account of stone in the bladder, and entered the Hospital as a private patient on the 28th of April.

On the 1st of May I extracted a very large flat-shaped triangular calculus, composed of uric acid, and weighing nearly four ounces. The urine came away freely. The patient made no complaint of pain in the region of the bladder; never felt the slightest tenderness on pressure in the hypogastric region, or any other part of the abdomen; but he began soon after the operation to complain of sickness, thirst, and restlessness, with

a quick pulse and parched red tongue. He continued in this state, gradually becoming weaker until the 14th day, when he died. We found on dissection a diffused suppuration in the cellular substance exterior to the left side of the bladder. In each kidney there was a calculus composed of uric acid.

Since the date of last Report, some cases of lithotomy have occurred in my private practice which seem deserving of notice. Mr George White asked me to assist him in the removal of a stone from the bladder of Mrs ——, a middle-aged female, who had been long confined to bed from other causes, and severely tormented with the usual symptoms of calculus. Mr White had found the parts unable to bear the irritation of sponge-tent; and by means of the simple dilating instrument which I have described in a former Number of this Journal, widened the urethra considerably, but not so much as was required, owing to the insufferable distress experienced by the patient when he attempted to do so. Having introduced my finger, I ascertained that the resistance to farther dilatation was seated at the neck of the bladder; and, therefore, introducing a straight blunt-pointed bistoury, made some small incisions at this part, upwards and laterally, and then extracted two large stones. The patient did well.

Mr M., æt. 60, came from Berwickshire to town in the beginning of April, on account of stone in the bladder, from the symptoms of which he had suffered to an excessive degree for several years; indeed, he had not been free from gravellish complaints for the long period of fifteen years. His sufferings were unusually constant and severe. Motion of any sort was particularly distressing, and could be tolerated only when he stooped forwards; and, in these circumstances, his long journey of sixty miles could hardly have been performed by one less resolute than himself; but he was determined to be relieved; and though his friends considered his return alive as nearly hopeless, he accomplished the undertaking by travelling in a carriage of his own, which was fitted up with straps, that enabled him to stand constantly stooping forwards, the only posture, as already mentioned, in which he could bear to be moved. When he arrived, I certainly considered him a most unfavourable subject for the operation. He was excessively corpulent. His tongue was red and dry, and his thirst constant. In performing the operation, the first difficulty encountered was presented by the unwieldiness of the patient, whose limbs could by no means be approximated, so as to admit of being secured in the usual way. Having cut into the bladder, I extracted two small stones and too larger ones, the size and shape of pigeons' eggs. In order to ascertain if any more still

remained, I searched carefully with a curved staff; and finding it strike against another behind the pubes, I endeavoured to perform extraction with straight and curved forceps. But the extreme thickness of parts, and the consequent depth of the wound, prevented me from depressing the handles of the instruments sufficiently to lay hold of the stone, or indeed even to touch it; and some attempts to dislodge it, by means of curved scoops having proved equally unsuccessful, I resolved, though no advocate for the operation *en deux temps*, to postpone any further proceedings for removal, until there was reason to suppose that the stone had shifted into a more favourable position.

The patient made no complaint whatever after the operation; and the tube for allowing the urine to escape being withdrawn two days afterwards, I searched for the stone but without success; and it was not until the second day following that I could bring an instrument into contact with it. It now lay more favourably for extraction, though still very deep, viz. nine inches by measurement from the mouth of the wound. Having laid hold of it with a pair of forceps, I extracted with great ease a stone similar in shape, but intermediate in size to the two larger ones formerly taken out. The patient made a good recovery, and was walking abroad on the fourteenth day after the operation. He has returned home perfectly well.

On the 20th of April I was requested by Dr Barker to operate on Mr R., æt. 70, who had suffered from stone for two or three years.

Having cut into the bladder, I introduced my finger, and felt, instead of the cavity, a large round tumour the size of an egg, which I recognized as an enlargement of what is called the middle lobe of the prostate. By means of a straight bistoury, I cut through this swelling sufficiently to admit the forceps, and then attempted to lay hold of the stone; but found it impossible to do so until the patient's breech was sufficiently elevated to let it escape from the pouch, in which it lay behind the enlarged prostate. For the first three days after the operation the patient did well, with the exception of complaining almost constantly of a severe pain at the point of the penis. During the fourth night, having got out of bed to go to stool, he suffered a profuse hemorrhage from the wound, which exhausted him very much for the time. He rallied, however, and gave us hopes of his ultimate recovery; but his strength gradually declined, his stomach being extremely irritable, so as to prevent the reception of any support; and he died a fortnight after the operation. On dissection, there was not the slightest trace of disease in the cavities either

of the abdomen or pelvis. Neither was there any appearance of inflammation in the bladder; and the only part which seemed to suffer from disease was the prostate, which was greatly enlarged throughout, but especially upwards towards the cavity of the bladder.

Hydrocele.—In the last Report, I mentioned the case of John Bryce, who had a hydrocele injected, and in consequence suffered an extensive sloughing of the scrotum, though the wine had been retained a very short time from the apprehension of such an occurrence, owing to the irritability of the patient, which his appearance strongly indicated. The cure, though delayed on this account, was satisfactorily completed, and he was dismissed on the 14th of March.

The cases of Alexander Mackenzie, who was operated upon on the 16th of February, and Robert Glassil on the 11th of April, presented nothing remarkable either in the appearance of the disease or in the result of the operation; but that of Finlay Thomson, æt. 58, admitted on the 30th of March, was deserving of notice, from the very unusual shape and situation of the swelling, which completely resembled an inguinal hernia. The testicle being at the bottom of the tumour could be felt distinctly on all sides, so that there is reason to believe the water did not lie in the cavity of the tunica vaginalis, but in the chord. I drew off the water, and threw in the usual injection, but did not allow it to remain above two minutes, as the patient complained severely of pain. Little inflammation followed, and I applied one or two blisters, which seemed to have a good effect in promoting the absorption of the fluid that was subsequently effused. He was dismissed with little remains of the swelling, and was instructed to return if it increased, to have the operation repeated, when he might depend upon its being effectual, as the previous trial would warrant a more severe irritation.

There is at present in the Hospital a case of hydrocele, rather interesting in respect to its origin and diagnosis. James Baptie, æt. $2\frac{1}{2}$, had a congenital inguinal hernia, which was easily reducible until some months ago, when he was attacked with scarlet fever and lay six weeks in bed. Upon his recovery the swelling was observed to be irreducible, and he was brought to me for advice as to what was to be done. On examination I ascertained that the tunica vaginalis, instead of containing intestine, as it had formerly done, was now only distended with fluid. The water has been drawn off, and if it re-accumulates, the operation for the radical cure by injection will be performed.

I may take this opportunity of remarking, that it is not very uncommon to meet with hernia humoralis or swelled testicle in infants and children of tender age. This fact is important in respect to the diagnosis of complaints in this situation, since surgeons unacquainted with it might be led to suppose that a non-fluctuating tumour of the scrotum at this early age must depend on a hernia. I have more than once been consulted in cases where rupture bandages had been prescribed for the complaint in question.

Extirpation of the Testicle.—James Gray, æt. 22, was admitted 5th March, on account of an extensive sinus, with swelling and great induration of the right epididymis. The complaint had existed for eighteen months, and had resisted the ordinary measures of cure. I dilated the sinus freely, and ordered camphorated mercurial ointment to be rubbed over the swelling, and sulphate of zinc wash to the sore. A succession of abscesses followed; the patient became weaker and weaker; and the sinuses which were successively laid open almost insulated the testicle. In these circumstances, as the organ could not be supposed capable of performing any useful function even if preserved, its extirpation was proposed to the patient and readily agreed to. It was performed on the 6th of April, and the patient was dismissed cured on the 24th.

In performing castration, the great apprehension usually entertained is retraction of the arteries, which is generally attributed to the action of the cremaster muscle. But a little reflection as to the origin of this muscle must be sufficiently convincing that it cannot perform the effect in question, which is plainly owing to the elasticity of the vessels themselves. Whenever, therefore, there is reason to suppose, from the bulk of the swelling, that the arteries have been subjected to much extension, the surgeon ought to provide a steady and intelligent assistant for holding the chord after its division until the vessels are secured. The more skin that is taken away the better, provided enough is left to allow the edges of the wound to be brought into contact, since the risk of bloody and purulent collections is thus greatly lessened.

Stricture of the Urethra.—George Cockburn, æt. 32, who was mentioned in the last Report as having applied on account of retention of urine, owing to a very tight stricture of the urethra, was cured by the successive introduction of gradually enlarged steel bougies.

Alexander Geddes, æt. 45, applied on the 25th of March, on account of a large swelling of the right testicle. Being questioned as to his powers of making water, he stated that the

stream was very small, and could not be projected above a couple of inches from the orifice of the urethra; that he had frequent desire to empty his bladder, and considerable difficulty in doing so. On examination, three strictures were discovered, one at the neck of the glans, one where the penis becomes pendulous, and one at the bulb. The usual practice was followed with complete success,—indeed, the swelling of the testicle had nearly disappeared by the time that the urethra was so far dilated as to admit No. 1, and he now makes water with perfect freedom.

Charles Dickie, æt. 40, applied on the 26th of April, on account of the following urinary complaints. He could not pass his water but in drops; he could not arrest its flow when it had once commenced; and the prepuce was excoriated from the almost constant irritation of its presence. I found the urethra very much contracted, hardened, and irregular, but by using the means already mentioned, dismissed him completely cured, so far as regarded his unpleasant symptoms, and merely requiring to return occasionally for a week or two longer, to have the urethra dilated to its full extent.

Samuel Pringle, aged 53, applied on the 17th of February, on account of fistula in perinæo, attended with great thickening, and almost cartilaginous hardness of the parts concerned. Most of his urine passed through this aperture, and he was suffering much from the formation of an abscess in the neighbourhood. The complaint had existed for upwards of nine years, and was very distressing, especially when new abscesses formed, which was not unfrequently the case. I found a very tight stricture near the bulb, and as he lived at some miles distance in the country, took him into the house to make his cure more safe and certain. The swelling and induration of the perinæum disappeared before the bougie had been introduced many times, but the fistulous opening, though it speedily contracted, was not obliterated so soon as it would have been in a case of more recent standing. He was dismissed on the 19th of March, making his water in a full stream, having no uneasiness in the perinæum, but still passing a drop or two of urine through the fistula. He has returned since quite free from any complaint.

Fistula Lacrymalis.—Jean Thomson, aged 51, was admitted on the 1st of March, on account of a fistula lacrymalis, which had existed twelve months. There was considerable swelling and hardness round the opening, and a troublesome watering of the eye.

I pushed a knife into the duct, and introduced a style, which at first occasioned a good deal of irritation, and was subse-

quently worn without any inconvenience. The patient was dismissed on the 22d of April, with instructions to retain the style in its place for some time longer. She returned in about a fortnight, and stated that it having come out a few days before, she could not introduce it, but felt no reason to regret its absence, as the cure seemed quite complete.

Stricture of Rectum.—In last Report I mentioned the case of Robina Wright, who had laboured long under stricture of the rectum and recto-vaginal fistula. From the relief that attended the commencement of her treatment, I expected to have been able to complete the cure; but though freed from the incontinence of fæces, and greatly relieved as to the pain and frequency of these evacuations, she continued to suffer from a very copious discharge of mucus and pus, which made me suspect some incurable disease farther up the intestine, and she was therefore dismissed on the 24th of March.

Stricture of the Œsophagus.—The case of David Allan, æt. 49, from Arbroath, at present in the Hospital, is in some respects similar to the one last mentioned. He was treated at home by my friend and pupil Mr J. Trail, for a very tight stricture of the œsophagus, the date of which he referred to last November. The bougies at first introduced were not so large as a common quill, and yet distended the canal so fully, as to render their extraction difficult. The size was gradually increased to three-eighths of an inch in diameter, when, not finding much relief from the symptoms of his complaint, he came to town and was admitted into the Hospital. On examination, I found the stricture in the thoracic portion of the œsophagus, and passed a moderate sized bougie very easily through it. The little relief experienced by the patient from the very considerable dilatation which had already been effected, and the irritability of stomach indicated by frequent ejections of the matters introduced into it, led me to suspect that there was disease of structure as well as stricture. Dr Abercrombie has recommended small doses of the oxide of bismuth with aloes, or some other gentle cathartic, and counter irritation during the fits of aggravation which the patient occasionally suffers.

Excision of Elbow-joint.—In last Report I stated that James Alexander, æt. 9, from Arbroath, had entered the Hospital on account of a diseased elbow-joint, which seemed to be a proper subject for excision.

I performed the operation in the manner already described, and found that the disease was seated in the extremity of the humerus; but having occasion in removing it to cut into the

joint, I deemed it prudent to take away the articulating surfaces that remained, in order to prevent the inflammation in the first instance, and caries in the second, that might result from their being left.

The patient recovered extremely well and speedily from the operation; but when almost quite well, and just about to be dismissed from the Hospital, he fell into a bad state of health, one effect of which was a superficial ulcer over the external condyle of the humerus that proved extremely obstinate, and yielded only to time, together with an alterative course of blue pill and sarsaparilla. He was dismissed cured on the 6th of May.

Morbus Coxarius.—There have been several cases illustrative of the good effects of the actual cautery in curing this formidable disease,—it may be sufficient to mention the particulars of one.

George Hutchinson, æt. 15, admitted on the 24th of March. He complains of pain in his left hip and knee, particularly when walking. His left hip is more flattened, appears longer, and its lower edge does not form such a bold line as in the other. The pain is worst during the night.

Six weeks ago he fell upon the ice and hurt his left hip; it was very painful after the accident, but he continued to work till last week, when the pain felt at the hip and knee in walking was so great, as to confine him to the house. When he sits down after walking, it is often so severe as to prevent him from rising again.

25th, To-day the actual cautery was applied to the space immediately behind the trochanter major.

26th, He has no pain, and feels almost quite well. To have a poultice applied.

28th, To-day the slough separated, the sore is much larger than the part burned; he has no pain; sleeps well; has a good appetite. Simple ointment applied.

April 7th, The sore continues to discharge; he has no pain now even when walking.

30th, To-day he was discharged, to attend as an out-patient; he has no pain, and only complains of a little stiffness when he straightens the limb in bed.

The following case is very interesting, as affording some information with respect to this mysterious affection, at a stage of its progress when it is rare to obtain an opportunity of dissection.

James White, æt. 14, Torwood, Stirlingshire, admitted on the 11th of March. His right leg is shortened and turned inwards; the head of the femur is dislocated upon the dorsum of

the ileum, the trochanter major projects more than the other, and is nearer the crest of the ileum. The pelvis is twisted, the affected side being considerably higher than the other; the right thigh is emaciated. The motions of the hip-joint are much impeded; the limb cannot be straightened; his appetite is bad; he has frequent fits of sickness, and sometimes night sweats.

Last autumn he received a kick on his right hip, after which he went about in his usual way, but always complained a little of pain in the joint, worst during the night. He could not rest so much on that leg as on the other. Nothing was done for his relief till a month or two after the injury, when poultices were applied, stimulating frictions used, and blisters, without any benefit. The pain gradually increased, so that at last he was unable to use the limb.

15th. No change took place till this evening, when he complained of headach. About seven o'clock he became delirious. He worked insensibly with the bed-clothes. He was bled to ʒxii. Two turpentine injections were given him, which operated well, and eight grains of calomel. Leeches were applied to his forehead; and the head was kept cool by the application of ice. Soon after he was seized with violent convulsions; during which he ground his teeth, clenched his fists, and squinted with both eyes; his tongue hung out at his mouth, so that he could scarcely be prevented from biting it; his mouth was twisted to one side; his eyes were not sensible to light; his carotids throbbed violently; and the jugular veins were distended with blood. His pulse during the paroxysms varied from 100 to 130 in the minute. His feet were warm; heat of body natural; face sometimes flushed, at other times pale. A blister was applied to each thigh, and a sinapism to the epigastric region. At twelve o'clock he became comatose, and his pulse sunk to 80.

16th, He is still insensible; his eyes are kept shut. Two blisters to be applied to the thighs, and one to the head. Pulse natural.

17th, He opens his eyes when spoken to, and answers by nods. Seven grains of calomel ordered, and a turpentine injection, which operated. Another blister to be applied to the head.

18th, Not so well; eyes glazed.

20th, He answers by signs, and attempts to speak, but is unable. His mouth is drawn to the right side. When food is offered him, he opens his mouth to receive it. Pulse weaker. Wine ordered.

22d, This morning he was quite insensible; and at nine o'clock he died.

It appears that before leaving home he had been observed to be listless and drowsy, and otherwise disordered, as is usual at the commencement of hydrocephalus. And when he entered the Hospital, I was struck with the extreme stupidity and indifference of his manner, which I attributed to natural defect.

It is, I believe, thought by physicians, that the fluid in this disease is secreted as a consequence of the inflammation; but it appears to me more probable that the fluid, being gradually effused, causes the stupor that is observed in the first instance, and then inflammation by the irritation of its pressure, while the convulsions, rigid palsy, and death, are owing to this morbid action affecting the cerebral substance. I venture, with all deference, to offer this explanation of the extreme obstinacy which characterizes acute hydrocephalus,—an obstinacy much greater than that of inflammation of the brain, or any other organ where it is not kept up by local irritation.

On dissection, the capsular ligament was found greatly distended, but quite entire, with the exception of a small aperture under the *psoas magnus* and *iliacus internus*, which afforded a communication between the cavity of the joint, and a large abscess extending up along the former of these muscles. The articular cartilage was every where completely sound; but the acetabulum, at the part where it receives the attachment of the triangular ligament, was carious and bare on both surfaces, to the extent of about a sixpence. There was no trace of the triangular ligament. The thin and distended capsule permitted the subluxation of the femur, which had been observed during life, and accounted for the shortening of the limb, which still remained after death. The synovial membrane lining the capsule, the neck, and part of the head of the femur, had undergone what is usually called the scrofulous degeneration, and was converted into a grayish-brown pulp.

Dislocation of the Wrist.—My pupils confidently assure me that they reduced two cases of dislocated wrist; and I have no reason to doubt the accuracy of their statement, except the extreme rarity of the accident in question; but there was one case which occurred lately, seen both by Dr Ballingall and myself, that I am able to report without any hesitation. The patient was a young man, who fell on the palm of his hand, and in consequence sustained a dislocation of the carpus backwards. The bones were easily replaced by extension and coaptation.

Fractured Radius.—There was a case of fractured radius close to its carpal extremity in a boy, that simulated very closely the appearance of dislocation, as the detached portion

was turned backwards and fixed so firmly as to require very considerable force for its replacement.

Fractured Tibia.—In last Report, I mentioned the curious fact, that six cases of the tibia fractured alone had occurred since the Hospital was opened. Within the last quarter a seventh instance of this usually reputed rare accident was presented by Charles Smith, æt. 9, who fell from the top of a high wall, in endeavouring to escape from a policeman.

Compound Fracture of Thigh.—" John M'Donald, æt. 40, carpenter, Newhaven, admitted 29th March, states that in April 1826, he fell off the gangway into the Dry Dock at Leith, and fractured his right thigh bone. The lower portion of the femur was forced through the skin and clothes, and remained there for about half an hour. He was carried to the infirmary of this place, where he lay for eighteen weeks; at the end of which he went home, the bone being firm, but the wound still discharging about a pint a-day. It healed up at last, but soon broke out again, and continued to heal up and break out alternately till last summer, when an abscess formed, which he opened with a razor, and picked out two small pieces of bone. He then applied to several practitioners, all of whom said that nothing could be done for him,—indeed one went so far as to ask him for his leg when he died. It has continued open since then.

" At present there is, about three inches below the trochanter major of his right thigh, a sinus leading down to the femur, at the bottom of which a piece of bone can be felt bare and loose. The limb is a good deal shortened; the thigh is enlarged. He frequently feels a prickling pain in his thigh when he moves it.

" 30th, To-day Mr Syme enlarged the opening and extracted with a pair of forceps a piece of bone about one inch and a-half long and half an inch broad. The one side presented a smooth surface similar to that of the femur, the other a ragged one, as if it had been removed by absorption. The wound was dressed with dry caddis.

" 31st, The wound has a healthy appearance; its edges are a little hard. Poultice ordered.

" April 2d, Sulphate of zinc wash applied. The wound is rapidly contracting; no pain.

" 7th, He was dissmissed."

Rickets.—This is a very common complaint in Edinburgh, particularly among the ill-fed sickly children of the poor people, but seldom goes so great a length as to terminate fatally. The clavicles, ribs, and inferior extremities suffer more or less distortion; the countenance is pale and tumid; and there is relaxation of the muscles and integuments. Small doses of calomel and rhubarb, warm bathing, frictions over the whole body, and the horizontal posture, are the means employed for remedying

the disease, and usually prove sufficient. Sometimes the patients die from other diseases, and then afford an opportunity of examining the state of the osseous system.

William Forbes, æt. $2\frac{1}{2}$ applied on the 9th of March, labouring under the ordinary symptoms of rickets. The clavicles were bent to a right angle, and the thigh bones were so flexible that they appeared to have a false joint about their middle. The mother stated that the bones had been broken from slight falls, and had not united. I observed to the gentlemen present, that I had met with this occurrence in respect to the humerus, of which there are two in my possession, and that the flexibility was owing not to want of union, but to its being effected by means of cartilage. The child died soon afterwards from some affection of the head, and I have got the femurs, in each of which there is a large mass of cartilage at the seat of the fracture.

As a year has now elapsed since the Surgical Hospital was opened for the reception of patients, I think it right to subjoin a general statement of the cases that have come under treatment, in order to give some idea of the relief and instruction afforded by this institution, or rather which is likely to be afforded by it when established by the experience of years in the confidence of the public.

It will be observed, that 1900 cases of surgical disease have been presented for relief—that 265 of these have been admitted into the house—and that 95 operations have been performed.

Out-Patients.

Abscesses,	97	Caries of knee-joint,	5
Abscess in epididymis,	1	——— ankle-joint,	9
Amaurosis,	3	——— foot,	1
Aneurism of carotid artery,	1	——— metatarsus,	3
——— humeral,	1	——— great toe,	2
——— by anastomosis,	1	Cataract,	10
Anthrax,	13	Catarrh of bladder,	1
Aphthæ of gums,	11	Chemosis,	1
Bronchocele,	4	Chilblains,	3
Bruises,	185	Chopped lips,	5
Bunion,	2	Club-foot,	2
Burns,	31	Concussion of brain,	2
Calculus in bladder,	4	Curvature of spine,	3
Cancer of mamma,	5	Cutaneous disease,	146
——— neck of uterus,	1	Cut throat,	1
——— tongue,	1	Deafness from accumulation of wax,	8
——— lip,	3	Diseased teeth extracted,	52
——— scrotum,	1	Dislocation of jaw,	1
Cancerous ulcers,	5	——— humerus,	6
Cancrum oris,	1	——— elbow,	1
Caries of elbow-joint,	10	——— wrist,	3
——— olecranon,	2	——— thumb,	1
——— wrist,	4	——— finger,	1
——— thumb,	2	——— femur,	3 old.
——— fingers,	2	——— patella,	1 old.

Dislocation of ankle,	1 old.
Ectropium,	1
Effusion into knee-joint,	5
——— bursæ,	12
——— cellular substance,	12
Enlarged tibia,	14
——— glands,	39
Epistaxis,	1
Erysipelas,	24
Exfoliations,	6
Furunculus,	24
Fissure in hard palate,	1
Fistula lachrymalis,	3
——— in ano,	10
Foreign bodies extracted from hands and feet,	8
Fracture of cranium, 1 old,	1
——— ossa nasi,	1
——— ribs,	15
——— clavicle,	9
——— humerus,	12
——— olecranon, 1 old,	2
——— ulna and radius,	2
——— radius, 1 old,	8
——— ulna,	1 old.
——— metacarpus,	2
——— phalanges,	1
——— do. compound,	1
——— femur,	7
——— patella,	1 old.
——— tibia and fibula,	3
——— do. do. compound,	1
——— tibia,	7
——— fibula,	4
Fungus hæmatodes of mamma,	1
——— foot,	1
Fungus of testicle,	1
Ganglion,	4
Gonorrhœa,	18
Hæmatocele,	2
Hare lip,	2
Hemorrhoids,	8
Hernia reducible,	16
——— strangulated,	1
——— cerebri,	1
——— humoralis,	12
Horn on lip,	1
Hydrocele,	9
Hypospadias,	3
Incontinence of urine,	8
Inflammation of veins,	9
——— absorbents,	3
——— joints.	15
Inversion of toe nail,	1
Iritis,	5
Irritable tubercle of mamma,	1
——— testicle,	1
Medullary sarcoma of thigh,	1
——— fore-arm,	1
——— face,	1
Morbus coxarius,	16
Necrosis,	9
Nephritis,	1
Omalgia,	2
Ophthalmia,	80
Otorrhœa,	8
Osteo-sarcoma of superior maxilla,	1
Paraphymosis,	2
Partial paralysis,	18
Periostitis,	13
Phymosis,	1
Poisoning,	1
Polypus nasi,	3
——— auris,	1
Prolapsus ani,	4
Pterygium,	1
Rachitis,	9
Retention of urine,	5
Rheumatism,	62
Rupture of muscular fibres,	4
——— tendo Achillis,	2 old.
Sciatica,	8
Scirrhus of mamma,	2
Short frœnum,	2
Sinuses,	21
Sore throat,	26
Spina ventosa of metacarpus,	3
Sprains,	86
Stricture of œsophagus,	1
——— rectum with recto-vaginal fistula,	1
——— urethra with fistula in perinæo,	2
——— urethra,	9
Syphilis,	20
Tic Douloureux,	3
Tumours,	22
Ulcers,	265
Ulcerated cartilages of knee-joint,	3
——— ankle,	1
Varicose veins,	12
Vertebral diseases,	12
Warty excrescences,	6
Weakness of lower extremities,	10
Whitlow,	21
Wounds incised,	41
——— punctured,	22
——— lacerated,	30
Wry neck,	1
	1900

In-Patients.

Abscesses,	7
——— of mammæ,	4
Abscess in epididymis,	1
Amaurosis,	1
Aneurism of carotid artery,	1
——— humeral,	1
——— by anastomosis,	1
Bronchocele,	2

Bruises,	10	Hæmatocele,	2
Bunion,	1	Hemorrhoids,	1
Burns,	4	Hernia strangulated,	1
Calculus in bladder,	4	——— humoralis,	1
Cancer of mamma,	2	Hydrocele,	6
——— scrotum,	1	Hypospadias,	1
Cancerous ulcers,	1	Inflammation of veins,	2
Caries of elbow-joint,	5	——— joints,	1
——— humerus,	1	Inflamed tibia,	1
——— olecranon,	2	Iritis,	1
——— wrist,	2	Irritable tubercle of mamma,	1
——— thumb,	1	Medullary sarcoma of thigh,	1
——— knee-joint,	2	——— face,	1
——— ankle-joint,	3	Morbus coxarius,	6
——— foot,	3	Necrosis of rib,	1
——— great toe,	2	——— femur,	1
Cataract,	1	Nephritis,	1
Catarrh of bladder,	1	Omalgia,	2
Concussion of brain,	2	Ophthalmia,	3
Cut throat,	1	Osteo-sarcoma of superior maxilla,	1
Dislocation of humerus,	2	Ovarian tumour,	2
——— femur,	1 old	Partial paralysis,	1
Effusion into knee-joint,	2	Paralysis of bladder,	1
——— bursæ,	2	Periostitis,	1
Enlarged glands,	2	Poisoning,	1
——— tonsils,	2	Phrenitis,	1
Erysipelas,	2	Prolapsus ani,	2
——— phlegmonous,	3	Pterygium,	1
Excoriations of anus,	1	Rupture of muscular fibre,	1
Exfoliations,	2	Scirrhus of mamma,	1
Furunculus,	1	Sinuses,	5
Fissure in hard palate,	1	Sprain,	1
Fistula lachrymalis,	1	Stricture of œsophagus,	1
——— in ano,	4	——— rectum, with recto-vaginal fistula,	1
Fracture of ribs with emphysema,	2	——— urethra, with fistula in perinæo,	2
——— clavicle,	2	——— urethra,	4
——— humerus,	7	Syphilis,	4
——— olecranon,	1	Tic Douloureux,	1
——— radius,	2	Tumours,	5
——— phalanges compound,	1	Ulcers,	40
——— femur,	5	Ulcerated cartilages of ankle,	2
——— tibia and fibula,	4	Vertebral disease,	2
——— tibia and fibula compound,	1	Warty excrescences,	5
——— tibia,	7	Whitlow,	4
——— fibula,	2	Wounds incised,	3
Fungus hæmatodes of mamma,	1	——— punctured,	3
——— foot,	1	——— lacerated,	4
Fungus of testicle,	1		
Ganglion,	1		265

Operations.

Amputation of thigh,	4	Excision of olecranon,	1
——— arm,	2	——— testicle,	1
——— leg,	4	——— fungus of testicle,	1
——— great toe,	2	——— tumour,	11
——— thumb,	1	——— tonsils,	3
——— finger,	6	——— cancerous sores,	5
Excision of elbow-joint,	5	——— warty excrescences,	4
——— knee-joint,	2	Lithotomy,	4
——— upper jaw bone,	1	Strangulated hernia,	1
——— mamma,	4	Aneurism,	2

Cataract,	1	Hemorrhoids,	6
Fistula lachrymalis,	1	Polypus nasi,	3
Pterygium,	1	——— auris,	1
Hydrocele,	5	Exfoliations removed,	6
Hæmatocele,	2		—
Fistula in ano,	4		95
Recto-vaginal fistula,	1		

To complete this Report, I may mention the expence that has been incurred in instituting and conducting the establishment, which consists of one house-surgeon, a steward, house-keeper, cook, house-maid, two nurses, and twenty-four patients. My senior apprentices write the patients' cases, the juniors dress them, and the care of the out-patients is distributed over the whole, according to their progress, activity, and intelligence.

The following is an abstract of the treasurer's account:—

Abstract of Hospital Account from May 1829 to May 1830.

By subscriptions and donations from the public,				L.217	14 0
— payments from Mr Syme,				779	7 0
— interest from bankers,				1	3 10
				L.998	4 10
To paid fitting up, including advertising and sundries,			L.362	15	7
— rent,			100	0	0
— weekly expenditure,			393	19	9½
— taxes and water duty,			15	3	4
— servants' wages,			64	10	0
— medicines,			61	16	1½
			L.998	4	10

In conclusion, I have to regret my inability to express in adequate terms the deep and grateful sense which I feel of the kind and judicious advice of my respected colleague, Dr Ballingall, my obligations to whom, if stated particularly, would have greatly extended the length of these Reports.

Printed by John Stark, Old Assembly Close.

SIXTH REPORT

OF

THE EDINBURGH SURGICAL HOSPITAL,

FROM AUGUST 1830 TO FEBRUARY 1831.

By JAMES SYME, Esq.

FELLOW OF THE ROYAL COLLEGE OF SURGEONS LONDON AND EDINBURGH, AND LECTURER ON SURGERY IN EDINBURGH.

(*From the Edinburgh Medical and Surgical Journal*, No. 107.)

THE College of Surgeons of Edinburgh having lengthened the course of Clinical Lectures, required as a qualification for obtaining their diploma, to six instead of three months, it has been thought proper to make a corresponding alteration in the period for which the Reports of the Hospital are published.

Since last Report, 925 patients have applied for relief, and 149 have been admitted into the house.

Fractures.—Ever since the institution of the Surgical Hospital, it has been greatly resorted to for relief in cases of fracture both by in and out patients.

During the last month alone, when, it is true, such accidents most abound, from the combined effect of intemperance and frosty weather, the following presented themselves.

Lower Jaw,	1	Patella - -	1
Clavicle,	2	Tibia and Fibula -	4
Humerus,	3	Fibula - -	1
Femur,	3	Metatarsus and Metacarpus	2

It appears that altogether, since the Hospital was opened in May 1829, upwards of 140 cases of fracture have come under treatment. And having thus had a favourable opportunity of observing the circumstances most deserving of attention in the management of these accidents, which can be obtained only in an hospital, and having also made some dissections which tend to throw light on the very interesting and important, though still rather mysterious, question, of the reunion of bones, I think that a part of this Report cannot be better employed than by devoting it to this subject.

Though bones are broken and reunited every day, we hardly ever meet with two surgeons who are agreed as to the process by which their reunion is accomplished. One says that it is ossification of the periosteum; another, that it depends entirely upon effusion from the bones themselves, &c. This diversity of opinion proceeds chiefly from the difficulty of gaining access to the bones while their union is going forwards, so as to ascertain positively the different steps by which it is accomplished; and the best way of putting an end to it is, for every one who meets with an opportunity of making such an examination, to record distinctly and faithfully what he sees. I will endeavour to do this in regard to two cases which lately occurred in the Hospital; but, in the first place, I think it necessary to say a few words respecting the opinions at present entertained on the subject.

The most elaborate and circumstantial detail of the reparation of fractures which we possess, is that contained in the treatise of "Breschet sur la formation du Cal, Paris, 1819." He made many experiments on dogs and pigeons to elucidate the process, and was led to conclude from his observations that it consisted in the following steps. 1*st*, In effusion into the surrounding soft parts, and gradual ossification of a layer of them exterior to the bones; 2*d*, In effusion into the medullary canal, and subsquent ossification of it; 3*d*, The formation of an intermediate substance between the fractured surfaces, which, in course of time, it might be not until months had elapsed, became converted into perfect bone. How far this description is applicable to the changes which take place in the human subject, remains to be proved.

That the bones are not united merely by the ossification of their periosteum, may be proved at once by cutting them through longitudinally, when the ends are found firmly united together, and even the medullary canal filled with osseous matter. If the section, indeed, is made at an early period after the injury has been sustained, the fractured surfaces remain ununited; and hence Duhamel, who, from analogy, had taken up the idea that

ossification of the periosteum effected the reparation just as the deposition of wood from the bark unites the graft of a tree, was confirmed in his error, because he did not extend his observations beyond the fifteenth day.

It is confidently maintained by some, and I myself used to subscribe to the same opinion, that the new bone or callus results entirely from the old one, and is gradually completed through successive stages, in which a gelatinous matter effused from the osseous surfaces becomes more and more firm, then cartilaginous, and at last identical with the tissue from whence it proceeded. Analogy, no doubt, is in favour of this explanation; and the appearances observed in bones at a considerable distance of time after they have been fractured also tend to support it; but there are some facts which may be alleged in objection, and, as I think, afford unquestionable evidence against its truth.

It is daily observed, in treating fractures of long bones, such as the tibia and femur, that, notwithstanding the most careful and effectual means are employed to retain the corresponding surfaces *in situ*, they remain moveable for many days, and, indeed, generally for the best part of three weeks, during the whole of which period the crepitation heard or felt by moving the limb is as distinct as immediately after the injury has occurred. The mobility usually ceases very suddenly, and the limb all at once regains such a degree of firmness as to sustain its own weight, or resist any other equivalent force tending to bend it; but if subjected to more considerable violence at this time, it gives way again at the part originally fractured. When such fractures are dissected within the first two or three weeks of their existence, the ends of the bones are found quite separate and unconnected by any intermediate substance. These facts are quite opposed to the idea, that the uniting process consists entirely in the effusion and ossification of a substance proceeding from the surfaces of the bones, in which case the mobility should diminish gradually, and flexibility continue long after perfect mobility had ceased, before the establishment of perfect rigidity.

Case 1.—Catherine Adams, æt. 52, was admitted on the 12th of January, soon after sustaining a fracture of the right thigh-bone in its lower third by falling on her side. Pasteboard splints were applied to keep the limb steady, and then by means of the long splint of Desault, extension was effected, so as to prevent retraction of the broken surfaces, which were very oblique. Every thing appeared to be doing well until the 23d of January, when she had a long and severe rigor, and afterwards complained of general uneasiness, with the other usual symptoms of fever. On the following day, her tongue was

brown, and hard; her pulse frequent, but weak; and her appearance upon the whole extremely unpromising. Thinking that she would not bear bleeding, I desired that she should have her bowels freely opened by injections, and afterwards take small doses of an antimonial solution. On the 25th, she complained of her throat being very sore, and her respiration was performed with the peculiar sound which indicates œdema of the glottis. Though this symptom was very distinctly marked, it did not seem to warrant tracheotomy, as there was no indication of any severe degree of obstruction in the breathing, and the patient appeared to be sinking independently of this local disease. I therefore directed blisters to be applied to the throat, and stimulants to be given frequently. She died next day.

On dissection, the fracture was found to extend obliquely from near the middle of the bone down to the external condyle. The muscular fibres and cellular substance in the neighbourhood of the injury were altered in colour as well as consistence, by the effusion of gelatinous matter into their texture. A kind of bag or capsule was thus formed, embracing the whole extent of broken surfaces, and containing two or three ounces of fluid blood. The parietes composing it were in some parts connected to the very edge of the bone, but in others they became adherent to it at a distance of an inch or more from the extremity, leaving a space to this extent uncovered, and apparently denuded of periosteum. When carefully examined, this exposed portion was ascertained to be covered by a thin layer of gelatinous substance, which did not possess the toughness or other characters of a membrane; and the respective surfaces of the bone had a covering of the same kind. The medullary membrane was very vascular, and more distended than usual.

In examining the structure of this bag, I endeavoured to ascertain which of the natural tissues entered into its formation, and in what parts of it, if any, ossification had commenced. On tracing the periosteum from the sound bone, I found that where the bag adhered, that membrane became thick, and evidently continuous with its walls. It seemed probable that where the membrane had been stripped off the bone, as already mentioned, it might assist to form, in some small part, the sac in question; the great extent of which, however, was evidently constituted by the neighbouring tissues, whatever they happened to be, muscle, tendon, fat, or cellular substance, all being reduced to the same appearance internally, by vascularity of the surface, and the same consistence, by the interstitial effusion of organizable matter.

On introducing my finger into the bag, so as to feel if there were any indications of ossification, I perceived some small grains or specks of bone, which, when minutely examined, pre-

sented a stellated appearance, and were ascertained to lie in the substance of the capsular membrane. When examined in the same way near its connection with the bone, it was found to contain much larger masses possessing osseous firmness; in order to ascertain the precise seat and origin of which, I carefully dissected the membrane where they existed, and then found that they lay completely imbedded within it, having a covering from it on both sides; also that they did not adhere to the bone, being separated from it by a thin layer of the membrane, so as to admit of a slight degree of motion; but at these parts, the shaft itself had begun to shoot out a growth of new bone.

Case 2.—Mary Donaldson, a poor emaciated old woman, 70 years of age, was admitted on the 27th of September, on account of a compound fracture of the left leg close to the ankle. Both the tibia and fibula were shattered into many fragments, and there was a wound over the latter bone extending down to it. Pasteboard splints were applied, the limb being laid on its outer side with the knee bent; but the patient proved so unmanageable and undocile in favouring the maintenance of steadiness in this position, that I was obliged to have recourse to Macintyre's inclined plane, which answered the purpose perfectly. She made no complaint afterwards, and all her functions were performed in a natural manner. For nearly three weeks crepitus could be distinctly felt when the limb was moved, but then the bones united, the wound healed, and on the 25th of October the cure seemed to be complete. The splints were then removed, and a simple roller applied. On the 5th of November, she was dismissed with the limb perfectly straight.

About ten days afterwards, I was much surprised to learn that she had died in consequence of some internal disease, and having procured permission to dissect the limb that had been fractured, obtained possession of the bones for their more careful examination. When divested of their muscular coverings, they presented an appearance hardly differing from that naturally belonging to them. All the pieces into which they had been broken were firmly united to each other and to their shafts, and were covered with a periosteum of usual consistence. On closer examination, the interstices between these portions were found to be occupied by a soft bloody gelatinous substance, to ascertain the precise extent of which the preparation was macerated. When all the interstitial matter had been thus separated, it was seen that the united fragments of the tibia, which were thirteen in number, constituted merely a skeleton, so to speak of the cylinder, and that the central cavity remained entirely vacant. On examining the internal surface of this imperfect

shell, it was evident that an ossific process had been going on over the whole of it, and I have no doubt, that, if the patient had lived some months longer, the bones would have become completely solid. The fibula presented similar appearances, though on a smaller scale, and the process of reunion was more nearly perfected. There is in my possession the preparation of a thigh-bone which was fractured through the neck and trochanters, and was treated by my friend Mr George White. The patient died two months after the accident from some other cause. It now appears, the bone having been macerated, that all the broken portions are firmly united together at the edges, but that all their internal surfaces remain perfectly distinct and separate. The appearance, in short, is very nearly the same, and, I believe, would also have terminated in compact ossification, if the necessary time had been afforded.

I will take the first opportunity of returning to this subject, and endeavour to elucidate it farther. In the meantime, it may not be improper to remark, that the delay which would appear to occur before the broken surfaces of the bones are united, affords no reason or excuse for the practice that is sometimes recommended, of deferring the use of any means to keep the limb in proper position, until ten or twelve days have elapsed after the accident. The first step in the process of reparation seems to be thickening of the surface presented by the surrounding tissues, from effusion into them ; and as this, we have reason to believe, is commenced immediately, without a day's delay, if the surgeon defers setting the bones, he will not only lose the assistance thus afforded in preventing their displacement, but also run the risk of allowing the broken extremities to become so far fixed in the distorted situations into which they have been driven by the contraction of the muscles, or the weight of the limb, as to prevent their perfect adjustment by any force which he has it in his power to employ.

Fracture of the Thigh.—There cannot be any doubt, I think, that this accident is most effectually treated by means of pasteboard splints on each side of the thigh, to keep the limb steady, and a long wooden one to make extension. As the muscles of the thigh cannot be relaxed both before and behind at the same time by any position, it is necessary to counteract the retraction which they cause, by the employment of some mechanical extending power; and the simple long splint of Desault effects this completely ; the modifications of Boyer and others merely impede its operation. There are some cases that admit of no other treatment ; as, for instance, the one mentioned in the former report of a woman, who, from falling out of a window three stories high, fractured both the patella and

the femur. On the other hand, it must be allowed, that sometimes there occur cases in which the straight position is inadmissible. I have related one instance of this in the third Report, in the case of a man who had a stiff and bent knee-joint, and may now add another.

Case 3.—Andrew Brown, æt. 44, recommended by Dr Combe of Leith, was admitted on the 25th of September, on account of an oblique fracture of the right thigh-bone, close above the joint. Having had the limb amputated below the knee in India many years ago, he wore a wooden leg, and, happening to make a false step in going down a stair, fell upon his side, so as to make the short end of the machine press on the inner side of the thigh, and fracture the bone, as has just been mentioned.

There was a good deal of distortion, from the lower part of the bone being retracted by the muscles; but we succeeded in keeping it straight by means of pasteboard splints.

Fracture of the Patella.—In this case reunion is opposed by the four following circumstances, 1*st*, The difficulty of retaining the broken surfaces in contact; 2*d*, The absence of vascular parts, or indeed any parts at all on the inner side of the bone, to throw out an effusion of organizable matter for connecting the fragments in the first instance, before they are joined together by their own process of ossification; 3*d*, The presence of the fluid of the joint, which is secreted in greatly increased quantity by the irritation of the injury; 4*th*, The spongy texture of the bone concerned, which is observed to have less power of ossific effusion than the dense portions of the same tissue.

Four cases of this accident have presented themselves to our observation. The first of these was that of a man, æt. 35, from Rothsay, who applied at the Hospital on the 13th of June, immediately after having fractured the patella transversely by falling from a cart. The proper bandages were applied; but he refused to remain in the house, being anxious to return home without delay. The second was of a year or more standing, and the patient, a young woman, came from the neighbourhood of Melrose, anxious to have some operation performed for her relief. On examination, it appeared that the fragments remained perfectly moveable, so that when the limb was extended, they could be placed completely in contact, and upon its being bent, separated to the extent of three or four inches. The limb was consequently very much weakened, and she was therefore desirous of relief. I recommended her to procure a bandage, which should have the effect of retaining the two portions of the patella completely, or nearly, in contact, and this was effected by means of two broad circular collars of leather, which being laced tight round the thigh, were then drawn

together by straps at the sides of the knee and patella. She went away very well pleased with the improvement in her condition, and I have heard nothing of her since. The third was also an old case, the patient being Duncan Campbell, æt. 53, from Leith, who was admitted into the Hospital on the 30th of December for fracture of both bones of the leg. The knee presented a very unusual appearance, and upon examination it was found, that there existed not only an old fracture of the patella, but also a subluxation of the joint outwards. These injuries were stated to have been sustained nearly forty years ago in leaping over a high wooden fence. The fragments of the patella were several inches distant from each other, and greatly increased in size; indeed, the upper one was nearly three times as large as it ought to have been. Notwithstanding all this, he had been able to discharge the duties of an infantry soldier for thirty years.

The fourth case was that of George Sinclair, æt. 37, who was admitted on the 1st of January, on account of a transverse fracture of his left patella, which he had sustained the same evening by falling down a stair. The fragments were considerably distant, and a large effusion had taken place into the cavity of the joint. The limb was kept straight, and a pillow placed under the foot, to relax still farther the *rectus* muscle. Discutient lotions were applied to the knee, and circular bandages above and below the patella, with connecting bands on each side of it. The effused fluid was very gradually absorbed, and it was long before the fragments could be brought together. The patient is still in the house, but will soon, I trust, be discharged with little imperfection of the limb.

Fracture of the Scapula.—In one of the former Reports, I related two cases of fractured ileum, and have now to give an instance of the still rarer accident of fracture of the body of the scapula.

Case 4.—John Kevlin, æt. 45, admitted on the 8th of December, soon after suffering the following accident: As he was carrying a heavy stone, in a handbarrow, across the sunk area of a house which was building, the wooden gangway broke, and he, with his companion, were precipitated to the bottom. He being before fell first, and was followed by the stone, which struck him on the back.

Though not prepared to expect a fracture of the body of the scapula, an accident which I had never seen, I at once recognized the existence of such an injury. The lower portion was drawn upwards, and projected outwards by the action of the *teretes* muscles, together with the *latissimus dorsi*. I put a cushion of tow in the axilla, another over the lower part

of the scapula, and then applied a spica bandage, under which treatment the patient felt quite easy, and was dismissed free from uneasiness or deformity on the 2d of January.

Fracture of the Lower Jaw.—The lower jaw is usually broken opposite the bicuspid teeth ; and Boyer asserts, that it is never fractured at the symphysis. The following case affords nearly, if not altogether, an exception to this rule.

Case 5.—Thomas Reid, æt. 28, received a blow on the lower jaw in the evening of the 12th of January, and in consequence sustained a fracture of the bone, which commenced below the central incisors, and proceeded obliquely backwards on the right side. No means were employed but a simple bandage passing under the chin, and secured over the vertex, and he is now about well. The interposition of any foreign substance between the teeth in such cases is equally useless and annoying ; the shape of the respective surfaces presented by the grinders effectually prevents any lateral motion, and the fluid food on which the patient must of course subsist during the cure can be readily imbibed through the insterstices of the teeth.

Dislocations.—In an old woman who died in the Hospital last August, we had an opportunity of dissecting a dislocation of the shoulder-joint, which had remained unreduced for evidently a very long period ; the long head of the *biceps* adhered to the groove in which it lies. The lower part of the glenoid cavity had been broken off, and still remained loose, being nourished through its adhesions to the capsule, and a new articulating surface had been formed on the inner side of the neck of the scapula. Four recent cases of dislocated shoulder-joint presented nothing remarkable. One of lateral displacement of the ulna reduced by Mr Nicholson, the house surgeon, was not seen by myself; I can therefore say nothing about it ; but think the following case, though it may appear trivial, ought to be mentioned, as I believe it to be of rare occurrence.

Case 6.—Peter Granger, æt. 12, when carrying a pitcher of water fell upon his left hand, and dislocated the first phalanx of his fore-finger from the metacarpal bone backwards. The extremity of the metacarpal bone was felt very distinctly in the palm of the hand, while the finger was bent up and could with difficulty be brought into a straight line with the metacarpus. The hand being held steady, I extended the finger with one hand, and at the same time endeavoured to squeeze the bones into their proper position, which was soon effected with moderate force.

Excision of Joints.—Since last Report, I have cut out four other diseased elbow-joints, making in all fourteen cases of this

operation which have occurred to me within the two years which have elapsed since I first performed it. Having already so often and fully detailed all the circumstances of this proceeding, I need now merely notice the peculiarities that were presented by the instances that have just been mentioned.

Case 7. ——— Walker, a boy of about 8 or 9 years of age, was recommended to my care last August, by Dr Fletcher of Dunkeld, on account of an injury of the left elbow, which he had sustained five weeks previously, in consequence of being dragged a quarter of a mile along the road by a cow, to which he happened to get fastened by a rope. The flesh, as Dr Fletcher expressed it, was ground off the elbow to the bones. The limb afterwards assuming a very bad appearance, it seemed necessary either to amputate the limb or cut out the joint.

Finding the portion of olecranon that remained bare, and the joint open, while the limb was greatly swelled, and the patient's health much impaired, I did not hesitate to cut out the articulation in the usual way. The following letter from Dr Fletcher will show how satisfactory the result has proved.

"*Dunkeld*, 14*th December* 1830.

"Dear Sir,—I received yours of the 12th, this morning, and am happy that it has arrived to hasten my doing what I intended to do for the last three or four weeks, viz. to let you know the success of little Walker's case. Until about that time, there was always a slight discharge, sometimes with a scab, sometimes without one; but since then the part has completely dried up; and on examining it to-day, I found the whole surface covered with good sound skin, except one place, about the size of half a sixpence, which has a thin scab upon it, though there is every appearance of its being like the rest in a few days. But while the cure of the wound has been thus successful, the astonishing part of the case is the utility of the arm; its motions are perfect, and it is daily gaining strength; the degree it possesses already is really surprising. To suppose that it will be equal to the other arm is totally out of the question; but its usefulness is more than I could have expected, and certainly a thousand times greater than that of an unseemly stump. If any thing unfavourable should happen in this case hereafter, I shall be sure to write you. I sincerely trust that nothing will go wrong; but if it should, I am confident the cause ought to be ascribed to constitutional fault, and not to the operation.

"Every person who attempts a bold and serious operation, such as the excision of joints, must often meet with vexation and disappointment; but you have every reason for congratulation in the case of Walker.—I remain, Dear Sir, yours most truly,

D. Fletcher."

Case 8.—In last Report, I mentioned that William Finlay, æt. 28, a farm-servant from Cockpen, had applied at the Hospital on account of a small abscess on the inner side of the arm, a little above the elbow, together with considerable swelling and stiffness of the joint. He was dismissed after having the abscess opened and the cautery applied, but returned on the 26th of August in a much worse state than before.

His arm was greatly swelled, and excessively painful. He was entirely deprived of rest, and could not permit the slightest movement of the limb without suffering excruciating agony. The acuteness of his symptoms becoming somewhat mitigated, I performed the operation on the 6th of September, in compliance with his urgent and daily solicitation. The joint was found to be very extensively diseased, the articulating cartilage being entirely detached, except at some part of its edges.

The patient made an excellent recovery, and was dismissed on the 27th of October. He returned lately so much improved in his appearance, that it was difficult to recognize him. The arm is very moveable, and daily increasing in strength.

Case 9.—William Rogers, æt. 13, was brought to me in the beginning of last summer, on account of a diseased elbow, which seemed a very proper subject for excision ; but his parents were dissuaded from acceding to this proposal, by the representation of a practitioner adverse to the operation, who strongly recommended amputation in its stead. As this proposal was still less acceptable than the former, the patient was sent to the country, and placed under the care of a veterinary surgeon. I was asked to see him again about the middle of September, when a great change to the worse was observed. The swelling, instead of being circumscribed and confined to the neighbourhood of the joint, now extended half-way up to the shoulder, and down to the hand. There were numerous sinuses, and, in short, an appearance of greater derangement of the structure than I had ever met with, except in the case of Elizabeth Johnstone, which is related in the first Report. Encouraged by the success experienced in that instance, I nevertheless undertook to perform the operation.

The operation was performed on the 21st of September, and proved even more severe than had been anticipated, owing to the ulna being very extensively diseased. The whole of its spongy structure was filled with gelatinous substance, and I therefore cut it across as low as the commencement of the shaft.

The patient seemed to be doing well for nearly a week ; but he then lost his appetite, and exhibited the usual signs of irritative fever. Up to the 30th, I entertained hopes of him ; but he then began to sink. I then thought it right to give him the

chance afforded by removing the limb. He died the day following.

The result of this case shows that there are limits determined by the extent of the disease, and the constitution of the patient, beyond which the operation cannot be pushed with safety. These limits can be ascertained only by experience; and, therefore, exceptions so rare as the one now mentioned should be regarded as beacons, not to warn us against the operation, but rather to guide us in its safe and advantageous performance.

Case 10.—John Nimmo, æt. 12, was admitted on the 1st of October. This boy had been an inmate of the same institution as the other. His complaint had commenced about the same time, and he also had been urgently advised to submit to amputation. The disease was in the left elbow, and presented nearly the same appearance as Rogers' did when I saw him first. I performed the operation in the usual way, and he made a good recovery. He was dismissed on the 27th of October.

Partial Amputation of the Foot.—In the first of these Reports, I detailed the case of a girl Stewart, who had laboured under caries of the tarsal heads of the metatarsal bones for upwards of a year, and had been advised to submit to amputation of the leg, but who was completely relieved by having part of the foot merely removed, according to the plan of Chopart. The result of this case has proved highly satisfactory. The patient having got a very simply constructed artificial foot, she can walk with perfect ease to herself, and hardly any perceptible difference in her gait from that of other people. The apprehension usually entertained in regard to this operation, that the extensor muscles of the heel being unopposed by the flexors, the attachments of which are necessarily all divided, must draw it up, and point the face of the stump to the ground, has, as I expected, turned out to be entirely groundless. The *tibialis anticus* and *extensors* of the toes soon acquired new connections, and enabled the patient not only to prevent the face of the stump from being drawn down, but to bend it upwards at her pleasure. I therefore did not hesitate to resort to the operation in the following case.

Case 11.—William Gemble, æt. 24, a tall, thin, unhealthy-looking young man, of a dark complexion, and dissipated appearance, entered the Hospital on the 31st of August, on account of pain and swelling of the foot. The swelling existed chiefly at the inner or tibial side of the instep, where there was an obscure sense of fluctuation, but also extended across, though not so prominently, to the outer edge. He had observed pain and enlargement for eighteen months, and had used blisters and leeches, but did not experience any considerable pain in it

until a few weeks before the time of his admission, since which, he had been confined to the house, and prevented from following his employment, which was that of a printer.

In order to check the progress of the disease, I applied the actual cautery, but without success. An abscess formed at the inner side of the foot, and when it was opened, the tarsal bones were found to be extensively diseased. In these circumstances, I proposed the partial amputation of the foot, but could not prevail upon the patient to submit. He returned home, but came back again on the 1st of September, with his mind made up to the operation.

The foot now presented a much more formidable appearance. Abscesses had opened in the sole, as well as at other parts, and the swelling was greatly increased; still, however, there was no indication that the ankle-joint, or the one between the *astragulus* and *os calcis* was affected, and I therefore performed the operation, as in Stewart's case. The cartilaginous surfaces were found entire, but, as they were somewhat discoloured, I thought it right to cut them off with the pliers.

The patient did pretty well for two days, with the exception of complaining of pain in the stump, and having a very frequent pulse. A very profuse bleeding then ensued, and was arrested by the application of cold and pressure. Next day there was a return of the hemorrhage, and the stump was not only much inflamed, but beginning to slough at the edge of the flap. I carefully extracted all the clots, and introduced a piece caddis between the *os calcis* and flap, which was the part whence the blood issued; graduated compresses and a bandage were then applied, and the case proceeded favourably afterwards, and, though the patient made a tedious recovery, he ultimately got quite well, and was dismissed on the 13th of November.

Urinary Calculus.—In last Report, I mentioned a case of stone that had occurred in private practice, in which I extracted two large stones from a sac formed by dilatation of the membranous part of the urethra. Some uneasiness continued after the operation, which was referred to a stricture of the urethra that had existed previously to it; and from the great relief which followed the introduction of bougies, gradually increased in size, I fully expected that the cure would soon be rendered complete. Finding, however, after the urethra had been dilated to its natural width, that the symptoms were not entirely removed, I passed an instrument into the bladder, and detected a calculus there. The reason of not making this discovery sooner, was, that the stricture being seated in the anterior part of the canal, I had never introduced the bougies farther, from

apprehension of disturbing the healing process in the wound of the urethra. Having proposed to remove this remaining portion of the disease, and meeting with great reluctance on the part of one of the parents, I strongly urged the propriety of allowing it to be done, either by myself, or if, as was natural perhaps, inability of understanding the peculiarities of the case occasioned any distrust in me, by another surgeon, who, I understood, had called and inquired for the patient. My remonstrances proved fruitless, and for many months nothing was done; but I am informed that the stone has been since extracted.

This case shows, in the first place, how careful one ought to be in removing stones from the urethra, near the neck of the bladder, to ascertain, at the time, whether or no there are any in the bladder itself. For though it may be of little consequence to the patient in respect either to pain or danger, whether they be taken away together or separately, he will, in the latter case, have all the horrors of two operations, and be ready to listen to any suggestions calling the skill of the surgeon into question.

It is impossible, in such cases, to ascertain the contents of the bladder previously to the operation; because the entrance to it is obstructed by the calculus, and after it is removed, so as to admit an instrument, the truth may still not be discovered, since, as every one knows, a stone frequently escapes detection by the sound at the first trial. The safest plan, therefore, will probably be to divide the prostate so as to admit the finger, and facilitate a complete scrutiny into every corner of the bladder.

Another important fact which it illustrates, is the comparatively small uneasiness generally occasioned by stone in young subjects. This boy, after the concretions were removed from his urethra, walked about as usual, slept undisturbed during the night, and made no complaint, except when he voided his urine. It was this extreme mildness of his symptoms that led me to attribute them entirely to the stricture.

Case 12.—Norman Wilson, æt. 3, recommended by Dr Abercromby, was admitted on the 14th of September, on account of stone, under the symptoms of which he had laboured more than a year.

On introducing a sound, I felt a calculus lying in the prostatic portion of the urethra, and removed it. To avoid a similar mistake to the one just mentioned, I then dilated the neck of the bladder with a bistoury, and introduced my finger, so as to ascertain positively that there was no concretion in the blad-

der. The boy made a good recovery, and was dismissed quite well twelve days after the operation.

Much about the same time with this last patient, I operated on a young gentleman in Leith, and removed two stones from the bladder with good success. I mention this case merely as it tends to show, in conjunction with the others related in these Reports, that urinary calculus is not so rare in this part of the country as has been alleged. The one I have next to mention is the twelfth that came under my care during the same number of months.

Case 13.—Mr R. æt. 60, from Kelso, entered the hospital on the 26th of December to be operated on for stone in the bladder. He was a man of short stature, but naturally of very stout muscular frame, though now, from great suffering, both of body and mind, reduced to the mere shadow of himself. For nearly three years he had suffered all the symptoms of stone in a degree of extraordinary severity. His cries of agony were almost incessant, both day and night; and to mitigate the intensity of his sufferings, he had so habituated himself to the use of opium as to take latterly sixty-two grains for his daily dose.

I performed the operation on Monday the 21st, and extracted without difficulty a small oval stone about the size of a pigeon's egg. A serious question then presented itself, viz. what allowance of opium should be afforded him? As the irritation which had rendered it necessary was now removed, it might, if continued to the full extent previously used, prove hurtful, while a sudden discontinuance of the accustomed stimulus would be no less likely to do harm. In these circumstances, we thought the safest plan was to leave the patient to the guidance of his own feelings, proceeding upon which, he took each of the first six days from six to eight hundred drops of laudanum. During this period he did as well as could be wished. His pulse never exceeded 62. He recovered his appetite. His urine passed freely from the tube, which was withdrawn on the third day, after which he began to retain it and discharge considerable portions at a time. His bowels were regularly opened by injections, which for a long while had been indispensable to him. I considered him perfectly safe, and he began to talk of the probable time of his return home.

On Saturday, Sir George Ballingall and I thought that he might safely begin to diminish his dose of laudanum. In the evening, I received a message that he was not so well, and on going to the Hospital, found him complaining of exhaustion and general uneasiness, his pulse had increased to 80, and his tongue

was dry. As he had taken no laudanum since morning, I prescribed two teaspoonfuls to be taken immediately, and to be repeated every third or fourth hour during the night. On Sunday he was better, but his pulse kept up, and there was a slight degree of mucous rattle in the chest. I directed half the quantity of antimonial wine to be given with his laudanum, and a large blister to be applied to the chest. Dr Abercromby saw him in the evening, and did not think any other measures necessary.

On Monday, Tuesday, and Wednesday, he continued in much the same state, but on the whole became progressively worse. He lost his appetite; his tongue became drier; he complained of great weakness and general uneasiness; and though he expectorated mucus in very large quantity, it seemed to be accumulating in the lungs. He continued the antimony, and had another blister applied to the chest.

On Wednesday, about mid-day, he suddenly complained of a violent pain in the left lumbar region, half way between the spinous process of the ilium and the false ribs; it was not increased by pressure, but remained incessant and excruciating; he cried most piteously, without intermission, from this time forwards, until Thursday evening, when he died.

On dissection, we found the lungs so gorged with mucus that they did not collapse when the chest was opened; they were white and firm, and when divided, still retained their form and appearance. In the abdomen, there was not the slightest appearance of inflammation or other morbid condition, except that the colon, from the middle of its left or descending portion downwards, was extremely contracted, though elsewhere more than usually dilated. This contraction commenced precisely at the part to which the agonizing pain had been referred; but what share it had in its production, I am at a loss to conceive or explain. All the parts concerned in the operation were in the most satisfactory state; there was not the slightest trace of inflammation or effusion in the cellular substance surrounding the neck of the bladder; the mucous coat presented its natural colour; the wound was much contracted in its size throughout, it gradually diminished in width from its external orifice inwards, and was everywhere perfectly smooth and even on its surface.

The fatal result in this case may, I think, with most probability, be ascribed to the effect of suddenly removing a source of extreme irritation in a very irritable system. In ordinary cases of stone, this diminution of irritation constitutes the patient's safety, by counterbalancing the irritating tendency of the operation. But the irritation in this instance being of extraor-

dinary intensity, while the operation, from the small size of the stone, was gently and easily performed, it is conceivable that the actions of the system might, from the cause alleged, fall into disorder, and produce the results that have been described. At all events, I have faithfully related the case, and the practical reader may explain it as he thinks best.

Case 14.—Alexander Mucklereigh, æt. 12, recommended by Dr Cunningham, was admitted on the 28th of January, on account of retention of urine, owing to a calculus in the urethra. He had suffered from urinary complaints for many months, but three or four weeks ago began to experience great difficulty in evacuating the bladder, and at length suffered a complete retention, which had been relieved daily by the introduction of a catheter. A calculus was felt at the bulb, which effectually valved the passage when pushed forwards by the stream of urine, but readily retired backwards under the pressure of the instrument, so as to leave it free.

I could feel the calculus through the integuments a little behind the scrotum, but being unwilling to cut upon it here, where the parts were thick, and from their laxity favourable to the effusion both of blood and urine, I dilated the passage after the manner of the Egyptians, described by Prosper Alpinus; that is, by blowing into it with a tube, having previously, to facilitate the passage of the stone, introduced a little oil. By these means, and making pressure behind the calculus, I brought it forward to the anterior part of the scrotum; but not being able to make it advance any farther, and there being no longer any objection to removing it by incision, I did so, and extracted an oval concretion, about the size of a small plumb-stone. The boy made no complaint afterwards. The first time he made water, a little passed through the wound, but none escaped again, and he was dismissed quite well in two or three days.

Case 15.—*Fistula in Perinæo.*—Walter Montgomery, æt 31, recommended by Dr Morison of Dalkeith, was admitted on the 3d of November, on account of a *fistula in perinæo.* I found a stricture at the bulb, and cured it in the usual way, by introducing steel bougies. The urine very soon ceased to pass through the preternatural aperture, except to the extent of a few drops, and issued from the urethra in a full stream; but the external opening, which was much wider than it is in general, showed no disposition to heal. I therefore dilated it freely by incision, and afterwards applied caustic, without any perceptible benefit. The patient then began all at once to cough and spit, with a frequent pulse,—in short, to show all the symptoms of confirmed and rapid phthisis. Though not aware that a

connection between *fistula in perinæo* with phthisical complaints is observed similar to that which is supposed to exist between *fistula in ano* and this disease, I suspected that, in the case in question, there might be something of the kind. In the course of two or three weeks it gradually healed, and the patient was dismissed on the 28th of December nearly well, with the exception of his pectoral symptoms, which continued much the same.

Case 16.—*Hæmatocele.*—William Clew, æt. 40, presented himself on the 23d of August, on account of a large swelling of the scrotum, measuring fifteen inches in circumference, and nine in length, which on examination seemed to depend on an enlargement of the contents of the right *tunica vaginalis.* The surface of the tumour was smooth, shining, and of a dark-red colour, it felt soft and doughy, and pitted on pressure, particularly at the lower part. The patient complained of great uneasiness from the weight of the swelling, and the pain which it occasioned when subjected to any kind of motion. He stated, that four years ago he was tapped for hydrocele, and that ever since the scrotum had been larger than before, but gave him no trouble, except from its size, until a month previous to the time of his admission, when, after walking a considerable distance one very warm day, he was seized with great swelling and pain, which suffered no abatement. Shortly before he applied at the Hospital, a small abscess had opened at the bottom of the scrotum.

Having every reason to regard the case as one of hæmatocele, but wishing to ascertain the matter beyond a doubt, I introduced a trocar, and drew off a very small quantity of bloody fluid, the canula becoming obstructed with fibrinous-looking clots, I therefore desired the patient to come into the Hospital, and have the necessary operation performed, viz. incision of the sac, and evacuation of its contents. *Vide* First Quarterly Report.

He was admitted on the 29th; but being then in a very weak and feverish state, I felt unwilling to interfere with the disease until he should get into a better state, the more so as he was rather unusually circumstanced in another respect, having six years ago had the operation of tracheotomy performed, and being unable ever since to suffer the opening to be closed, owing to a permanent contraction of the glottis.

On the 1st of September, the tumour opened spontaneously at its lower part, and discharged a large quantity, twelve ounces by computation, of blood and clots. He was then considerably relieved; but as the great bulk of the swelling still remained, I dilated the puncture which had been made by the trocar, and squeezed out more of the clots, the farther issue of which was

then promoted by the application of poultices. The scrotum gradually contracted, and he was dismissed on the 1st of October.

Cancerous Sores of the Face.—It must have been remarked by every practical reader, that when cancerous sores of the face are freely removed by the knife, the wound generally heals very quickly and satisfactorily. This is probably owing to the laxity of the surrounding integuments, as the subjects of such operations are mostly people advanced in life, favouring the contracting effect of the granulating process. Very great freedom may therefore be used in removing these sores, provided it is ascertained that they can be eradicated.

Case 17.—David M'Donald, æt. 65, presented himself on the 12th of November, for a cancer of the right eye. The conjunctival covering of the ball and both eyelids were engaged in the disease, which also extended upwards over the external part of the eyebrow, and downwards for some distance on the cheek. The complaint commenced twenty years ago, and had been constantly extending its ravages, so as at length to attain the extent which has been described, and render him unable to follow his employment, which was that of a street-porter. As the sore did not adhere to the bone at any part, except the external margin of the orbit, which of course could be easily removed along with it, I undertook the operation, and performed it a few days afterwards.

Having circumscribed the whole morbid surface by a circular incision, I dissected away the cancer from the subjacent parts, so far as it was connected to them merely by the ordinary attachments; but on coming to the external margin of the orbit, I found it necessary to cut away with the pliers all that part of it which bounded the temporal fossa. The whole of the diseased parts, including the eyeball, were then detached, and some pieces of caddis placed upon the wound.

The patient suffered a severe attack of erysipelas of the head and face, but soon recovered from it, and then began to experience benefit from the operation, feeling himself relieved from the burning pain which he had previously suffered in the ulcer. The sore then began to contract, and continued to do so gradually, until a part not so large as a shilling remained to be cicatrized. He was dismissed on the 25th of January much stronger, and looking many years younger, than when he entered the Hospital.

Case 18.—John Niel, æt. 41, from Cupar, was admitted into the Hospital on the 20th of November, on account of a large ulcer which had destroyed the right half of the nose, and more

than half of both eyelids. The eye was hardly visible, being pushed away to the side by a hard cauliflower-looking excrescence, which sprung from the morbid surface. The probe being introduced, was readily passed on to the ethmoidal cells and other bones in the neighbourhood. The disease had commenced a great many years before, and had very slowly extended itself. Though this tardy progress was favourable to the success of an operation, in so far as it indicated the absence of any very malignant tendency in the disease, I did not think, in all the circumstances of the case, and especially the affection of bones which could not be removed, that an attempt at excision was warranted, and therefore advised the patient to return home.

Cancer of the Lip.—Ulcers of the lips are sometimes prevented from healing merely by the motion of the part, or the indirect irritation caused by disorder of the digestive organs, in which cases the application of pressure, so as to keep the lip steady, with some metallic wash, such as the solution of sulphate of zinc or calomel and lime-water, and an alterative course of medicine, are sufficient for the cure. But when the sore is truly cancerous—that is to say, seated in a carcinomatous structure, it is to be regarded as incorrigible, and necessarily requiring removal. This may be done either by removing a triangular portion of the lip like the letter V, and uniting the respective surfaces, or by simply taking away the diseased surface with the scissors, and sewing together the skin and mucous lining of the lip.

Case 19.—Mr Pearson, farmer from Kinrosshire, applied a few weeks ago on account of a small superficial ulcer nearly the size of a sixpence, which had resisted the efforts of his attendants in the country, and made him desirous of some radical remedy. I made him apply a piece of caddis moistened with the black wash, protected by a piece of oil silk externally, so as to prevent it from drying, and supported by a bandage, which prevented the lip from moving. In two or three days he returned home with the sore diminished to half its former size, and promising to be soon completely healed.

Case 20.—Jane Dodds, æt. 50, from Earlston, was admitted on the 12th of December, on account of a superficial ulceration of the lower lip, which extended from nearly the middle of it to the right commissure. Its basis was very hard; and, though in some places it presented an innocent appearance, it exhibited in others the usual characters of cancer. It commenced ten years ago, and never healed. A short while before leaving home, she had been taking mercury for this complaint, and having been exposed to cold during the journey, was suffering at the time of her admission from swelled gums, fœtid breath.

and the other symptoms of mercurial action. I therefore postponed operating until the 23d, when she seemed to have quite recovered from this derangement.

I then cut away the whole of the diseased surface, but merely the surface, with curved scissors, since the other mode of procedure, which until lately used to be always followed in such cases, viz. that of taking away a triangular portion of the lip, would have been equally unnecessary and injurious. The edges of the wound united satisfactorily, but afterwards separated, as the patient thought, in consequence of a violent cough with which she at this time became affected, and afterwards assumed the characteristic appearance of a mercurial sore. Sulphate of copper and lotions of other metallic salts, with a bandage, were applied, and she was dismissed quite well on the 13th of January.

Case 21.—William Macfarlane, æt. 50, was admitted on the 11th of October, on account of a cancer of the lip, which had existed for upwards of two years. As it was circumscribed and rather deeply seated, while the lip was full, and could afford to lose a portion of it without inconvenience, I made two incisions obliquely downwards, meeting at their lower end, and including a triangular portion. The respective surfaces were united by the twisted suture. He was dismissed on the 15th.

Cancer of the Tongue.—The ligature is usually employed for removing incurable sores of the tongue ; but unless the disease is seated very far back, where the hemorrhage, if copious, could not be easily restrained, it is better to use the knife or scissors for the purpose. The operation is thus rendered not only much less painful, but also much more sure in its effect, since a part of the disease is very apt to escape the ligature, however carefully it may have been introduced. If the disease is very deeply rooted, or if there is great tendency in the neighbouring parts to assume the morbid action, even excision will prove unavailing.

Case 21.—Mr M., recommended by Mr Stuart of Kelso, entered the Hospital on the 22d of October, on account of a large ulcerated tumour of the tongue, nearly half of which, both as to length and breadth, was engaged in the disease. It had commenced four months before, and been diminished but not eradicated by the ligature. In order to bring the extent of the disease more completely into view, I removed three of the adjoining teeth, and as it then appeared that the swelling did not descend so deep, or proceed so far back as to render its removal impracticable, I thought it right to make the attempt.

Having seized the diseased mass with a pair of hook-forceps,

a very useful instrument on such occasions, which I brought from Paris some years ago, and may now be found in all the cutlers' shops here, I cut it out with a curved knife. In doing this there was no difficulty experienced in taking it away completely from the tongue, but at the floor of the mouth the tumour was found to have deeper and firmer attachments than we expected. After the bulk of the tumour, therefore, had been removed, I dissected out several smaller portions from this situation, and a few days afterwards applied the actual cautery very freely, to destroy any that might still remain.

The wound assumed a very healing appearance, and the patient returned home on the 3d of November, with good hopes of a perfect cure, though I entertained considerable misgivings on the subject. Not long afterwards Mr Stuart informed me that the disease was threatening to return, and I then inquired particularly whether the morbid appearance was confined to the floor of the mouth, or engaged also the tongue. He replied that the whole surface was equally affected, upon which I abandoned all hopes of arresting the disease by operation, and suggested, as the only means that seemed to afford any chance of benefit, the frequent and free application of caustic.

Ranula.—The seat and nature of this disease do not seem to be well ascertained; but the treatment is more determined. A part of the bag ought always to be cut out; and if it is of small size, this generally proves sufficient; but if it is large or of old standing, it is necessary also to introduce a piece of caustic, either potass or nitrate of silver, and touch the inner surface, so as to make it inflame, and either slough or change its secreting action.

Case 23.—*Double Hare-lip, with Malformation of Upper Jaw.*—George Pearson, aged 6, from Stow, was admitted into the Hospital on the 15th of January, on account of a congenital malformation of the lip and jaw. The central part of the jaw, the part apparently corresponding to the intermaxillary bone, projected so as to form a round knob, which bore the two middle incisores, and adhered by a narrow neck to the septum of the nose. On it there lay a small tumour, composed of the integuments which ought to have formed the corresponding portion of the lip. There was no fissure of the palate, but the edges of the lip, which lay on each side of the bony projection, were necessarily at a considerable distance from one another, and not very extensible. Being anxious to preserve, if possible, a complete septum for the nose, which would of course be seriously impaired if the integument resting upon the projection of bone were taken away along with it in the first instance, I resolved to save as

much of this skin as might be required to complete the septum, and endeavour to unite it at the same time with the edge of the lip.

With this view, having dissected off the skin, I removed the projection with cutting-pliers. A profuse hemorrhage then ensued, and rendered some delay necessary; as the arteries which spouted were lodged in the bone, and consequently could not be tied. When the bleeding had subsided sufficiently, I made the edges of the lip raw, by cutting off a slice from each; and here it may be right to remark, that the success of the operation for hare-lip, so far as the shape of the lip is concerned, depends much on the mode in which this is done. The edges of the malformed lip being always convex, it is plain that if the surgeon cuts a slice of the same thickness from the whole of their surface, when they are brought together, the result will be an angle at the point of union. But if he cuts so as to make the slice thin at the ends and thick where the edge of the lip is most convex, the appearance will be more natural. I then united the edges together, and having reduced the portion of integument procured from the central part to a proper size for completing the septum, fixed it in its place with a suture.

The child made no complaint after the operation, and the union was subsequently accomplished, notwithstanding some superficial ulceration, owing to the irritation of the needles, and the strain of the stretched lip; to lessen which, a strip of adhesive plaster was applied, so as to draw the cheeks together. There remained, however, a small opening between the lip and septum, over the part of the bone to which the root of the projection had adhered. The surface of this was granulating; and I have no doubt the aperture would either be obliterated, or, at all events, become so small as to occasion hardly any perceptible difference, so soon as the exposed surface of the bone healed. The boy's father being anxious to return home, took him away on the 2d February, before this could be ascertained.

My friend, Mr Dewar of Dunfermline, has related and represented two cases of this disease in the number of this Journal for July last. Having, in the first of these, been disappointed in obtaining union between the edges of the lip when placed together immediately after the removal of the central projection, he advises it to be taken away in the first place, so that all the irritation caused by this part of the operation may have ceased before the uniting process is commenced. The only objection to this mode of proceeding is the necessity which it occasions of leaving the septum deficient, owing to the removal of the skin that covers the projection, which might, if dissected

off, be employed to complete the partition between the nostrils. On the whole, I believe the best plan would be, in the first place, to detach the loose corrugated integument that lies on the anterior part of the projection; then to remove the projection itself; next to unite a part of the integument saved, with the septum of the nose, so as to complete it, all of which might be done at one operation; and, lastly, when the patient has recovered from these steps, to unite the edges of the lip. It might perhaps be useful to make the patient wear, for some time previous to the operation, a machine such as that described by Mr Dewar, for pushing the cheeks forwards, and preventing them from being drawn asunder after the operation. This little machine Mr Dewar was kind enough at my request to send to me, and I find it very well calculated for the purpose.—See his description in the number of the Journal above-mentioned.

Wound of Thorax.—Peter Murphy, 8 years of age, was sitting at the door of his father's house, in one of the steep narrow closes in the Old Town of this city, on the evening of the 4th of November, when it was beginning to get dark. Two men, whom he did not recollect to have ever seen before, came walking slowly down, and passing him, one of them suddenly, and without any intimation of his intention, thrust a knife into his breast. He immediately cried out, and the men, after waiting an instant as if to ascertain the extent of his injury, ran off, the one up, the other down the close. His friends coming to his assistance, found a small table or dessert knife, sticking in his side; it was sharp-pointed, and seemed to have been recently sharpened. They immediately took him to the Surgical Hospital.

There was found a small wound between the cartilages of the fifth and sixth ribs of the right side, which evidently penetrated the chest, as bloody froth issued from it during respiration, and his breathing was very laborious.

The edges of the wound having been closed, and a bandage applied round the chest to restrain its motions, twelve ounces of blood were abstracted from the arm, and nauseating doses of antimony were given during the night. Next day his respiration was very laborious, his face flushed, and pulse very quick, and there was a little emphysema round the wound. Eight ounces of blood were taken away, and the antimony directed to be continued. In the evening his breathing was still very bad, and the pain severe; the air-passages seemed to be choked, but he could not spit up any thing. A draught, containing thirty drops of antimonial wine, with fifteen of laudanum, was given, and ordered to be repeated three hours afterwards. At eleven o'clock his breathing was much oppressed; he complain-

ed of a severe headach, and his abdomen was tympanitic. A turpentine enema was administered with much relief of these symptoms.

Next morning he spat up a little blood, but his breathing was much easier, though still very quick, and his pulse rapid. The antimony was continued.

He went on improving after this date, and was dismissed with the wound healed, and in all other respects quite well, on the 14th of November.

Wound of Vagina.—Mary Tulloch, æt. 28, was admitted on the 22d of October, on account of an injury which she had sustained a few miles out of town, in consequence of being overturned in a cart. A very profuse bleeding had ensued at the time from the vagina, to the extent, it was reported, of two or three pounds, and when she arrived at the Hospital, there was still great pain, together with tendency to bleeding. A very small breach in the coats of the vagina was observed at the orifice, on its upper surface, round which there was a good deal of ecchymosis. Cloths wet with cold water were applied to the part. A few hours afterwards she complained of pain in the lower part of her abdomen, which increased towards the evening, and about eight o'clock twelve ounces of blood were taken from the arm, and a dozen of leeches applied to the abdomen. An ounce of castor oil was afterwards given to her.

The pain, which had been much relieved by the measures above mentioned, returned next day, though in a slighter degree, and was alleviated by hot fomentations.

On the 25th she felt so weak, that though some pain still remained, it was not considered safe to continue the fomentations.

On the 28th, the pain was rather increased, her pulse was quicker, and she complained of heat, headach, and thirst. The fomentations were resumed, and nauseating doses of tartar emetic were given from time to time.

After this she continued to improve. A small abscess in the vagina, a little above the laceration, opened spontaneously, and discharged a little bloody matter. She gradually got well, and was dismissed on the 13th of November.

It was my intention to have mentioned particularly a number of other cases; but the length to which this report has already extended prevents me from doing so; I will, therefore, conclude by stating the nature and result of the other operations that have been performed.

William Wells, æt. 13, amputation of thigh. Deep-seated abscess. Died.

James Whitehead, æt. 12, amputation of thigh. Caries of thigh-bone. Cured.

—— Fleming, æt. 9, amputation of leg. General disease of the bones of foot. Cured.

Mrs Scott, æt. 65, amputation of the metatarsal bone of the great toe. Caries. Cured.

Marion Montgomery, æt. 8, amputation of great toe. Caries. Cured.

Mrs Miller, amputation of second toe. Tumour. Cured.

Daniel Buchanan, æt. 32, amputation of thumb, metacarpal bone. Injury. Cured.

Thomas Moffat, æt. 69, amputation of thumb. Whitlow. Cured.

Mrs Hird, æt. 24, amputation of finger. Whitlow. Cured.

Margaret Jackson, æt. 49, excision of mamma. Scirrhus. Died.

John Clerk, æt. 80, excision of a cancerous sore of face. Cured.

Margaret Robertson, æt. 22, excision of cancerous sore of arm. Cured.

Alexander Donaldson, æt. 39, extraction of polypus nasi. Cured.

Mary Hall, æt. 25, fistula lachrymalis. Cured.

William Potter, æt. 46, fistula lachrymalis. Cured.

Patrick Safferty, æt. 40, fistula in ano. Cured.

William Glassil, æt. 55, hydrocele. Cured.

William Halliday, æt. 23, hydrocele. Cured.

Printed by John Stark, Edinburgh.

James Syme
March 27th 1833

EIGHTH REPORT

OF

THE EDINBURGH SURGICAL HOSPITAL,

FROM 8TH AUGUST 1831 TO 8TH FEBRUARY 1832.

BY JAMES SYME, ESQ. F.R.S.E.

(From the Edin. Med. and Surg. Journal, No. 111.*)*

Reports of hospital practice may be employed both to acquaint the profession with interesting facts, and also to communicate the author's opinions as to the treatment of disease. The former Reports of the Surgical Hospital have been written with the view of attaining both of these objects; but as I have lately offered to the public a systematic work on the Principles of Surgical Practice, it will for the future be unnecessary to do more than state the remarkable features of the cases that may come under treatment. Hitherto these reports have been drawn out at the time to which they were brought up, whence it has repeatedly happened that imperfect accounts of cases have been given, and sometimes opinions stated as to their probable result, which have not proved correct. In the last one it was mentioned that an old man of 80, who had been cut for stone, was likely to do well. Such was the opinion then entertained by myself and pupils who had attended him; but soon after the paper had gone to press, he suddenly died, three months after the operation. The young man Ford, too, whose case was related in the same Report, though he left the Hospital in greatly improved health, and with the prospect of recovery from the disease of his lungs, which had made us decline cutting out the elbow-joint, and hesitate as to performing amputation of the arm, died much about the same time with the last-mentioned patient. It therefore seems right to allow the longest interval to elapse between the date of the conclusion of the reports and their commission to the printer, that the arrangements of the Journal permit.

Since the date of last Report, 1254 cases of surgical disease have been presented at the Hospital. Of these 164 have been admitted into the house, and the remainder have been treated as out-patients.

Operations.

	Name of Patient.	Age.	Cured.	Not Cured.	Died.	
Amputation of thigh, -	Alex. M'Kinnon,	34			1	(*a*)
——————— -	Alex. Clarke, -	18	1			
——————— -	Andrew Ferrier, -	35	1			
——————— leg, -	John King, -	21	1			
——————— -	Margaret Mackenzie,	8	1			
——————— -	William Burnett,	26			1	(*b*)
——————— finger,	David Lamb, -	14	1			
——————— -	Robert Wilson, -	30	1			
——————— -	John Welsh, -	50	1			
——————— -	Helen Cameron, O.P.*	25	1			

* Those marked O. P. were out-patients.

Supernumerary fingers,	Anne Milne, O. P.	4	1	cur.	not cur.	(*c*)
Amputation of toe, -	David Syme, -	9	1			
——————— -	Thomas Dick, -	23	1			
Cancer of cheek, -	Alex. Clarke, -	77	1			
——— lip, -	James Brown, -	24	1			
——————— -	John Graham, -	52	1			
Excision of elbow-joint,	James Hastings,	10	1			(*d*)
——— fatty tumour,	Jane Lawson, -	37	1			(*e*)
———————————	Eliz. Rowan, O. P.	43	1			
——— mamma, -	Mrs Straton, -	57	1			(*f*)
——— encysted tumours, -	Arch. Craig, O. P.	14	1			
———————————	Nugent Reynolds,	50	1			(*g*)
———————————	James Hutton, O. P.	22	1			
———————————	William Henry, O. P.	15	1			
———————————	Jane Lyall, O. P.	7	1			
——— testicle, -	David M'Naught,	48	1			(*h*)
——— tonsil, -	Isabella Massey, -	13	1			
——— upper jaw bone, -	Betsy Lees, -	28	1			(*i*)
——— excrescence of uterus, -	Mrs Mackenzie, -	48	1			(*k*)
Ectropium, -	William Murray, -	12	1			(*l*)
Entropium, -	Isabella Weepers, -	18	1			
Fistula in ano, -	Thomas Gillespie,	36	1			
——————— -	Margaret Paterson,	23	1			
——————— -	James Trainer, -	39	1			
——————— -	William Lawson, -	24	1			
——————— -	James Millar, -	23	1			
——————— -	Thomas Guthrie, -	31	1			
——————— -	Robert Hastie, -	22	1			
——————— -	Andrew Dowie, O. P.	55	1			
——————— -	W. M'Ghie, O. P. -	34	1			
Hemorrhoids, -	Francis Gloag, -	30	1			
——————— -	George Anderson,	27	1			
Hare-lip, - -	Andrew Turnbull,	11 ms.		1		(*m*)
Hydrocele, - -	David Hunter, -	70	1			
——————— - -	James Russell, -	30	1			
——————— - -	Thomas Smith, -	30	1			
——————— of cord, -	James Kennedy, -	24	1			
——————————— -	John Burgess, -	28	1			
——————————— -	Duncan Knox, -	48	1			(*n*)
Nævus maternus, -	Agnes Geddes, -	10 ms.	1			(*o*)
Polypus nasi, -	David Thomson, -		1			
——————— -	Thomas Wood, -	15		1		
——————— -	Thomas Berry, O. P.	40	1			(*p*)
——————— -	P. M'Donald, O. P.	40	1			
——————— auris, -	Andrew Robb, O. P.	19	1			
Warty excrescences, -	John Fleming, -	42	1			(*q*)

(*a.*) M'Kinnon had for 17 years laboured under disease of the knee-joint. The bones were anchylosed, but a sinus which opened a little above the patella led directly down into a large carious cavity in the thigh bone. He was a very unhealthy-looking man, having the complexion and expression of countenance usually observed in persons who have suffered long from diseases of the bones; and after his admission had repeated feverish attacks, at-

tended with dry brown tongue. It was evident that the only mode of affording him effectual relief was to amputate the limb; but the circumstances just mentioned rendered this proceeding very unpromising, both as to its immediate and also its secondary effects, in case the patient should escape the danger of the former. The operation, therefore, was not recommended, but left to the choice of the patient, who decided upon submitting. It was performed on the 14th of September, and though the cure was tedious, it seemed to be at length completed. He walked about on crutches, and would have returned home, but as it was at a great distance, he was detained in order that his strength might be increased sufficiently for supporting the fatigues of the journey. On the 1st of November he had an attack of fever similar to those which he experienced previous to the operation, but more severe, and sunk under it on the 14th.

A very similar case occurred about the same time, in which, if amputation had been performed, as the patient most eagerly desired, the result could hardly have been more satisfactory.

Peter Fortune, aged 32, had been afflicted with necrosis of the shaft and caries of the condyles of the thigh-bone for twenty years. He had been admitted into the Royal Infirmary when a boy; and the surgeons then declared amputation the only remedy, but declined to perform it on account of the height at which it would have been necessary to remove the limb. He presented himself at the Surgical Hospital on the 9th of August.

He was of small stature, and had a remarkably thin withered appearance. His hair was thin, and his shrivelled leathery-looking features exhibited the wrinkles of premature old age. Two days after his admission he had an attack of fever and erythema, from which he seemed to be recovering, having regained his appetite, and displayed other indications of convalescence, but relapsed on the 24th and died on the 29th. The pericardium was found distended with sero-purulent fluid, and coated with recently effused lymph.

(*b.*) Burnett was, if possible, a still more unfavourable subject for operation. For five or six years he had been constantly under medical treatment; at one time for chronic inflammation of the peritoneum—at another for palpitation of the heart—and for several months he had been an out-patient of the Hospital on account of disease in his foot, knee, and wrist. His general health became considerably improved, and his local complaints seemed also to be in the way of improvement, with the exception of his foot, which swelled to a great size, suppurated in several places, and when the matter was evacuated, the bones were felt extensively denuded. He complained of severe and incessant pain, which prevented him from sleeping, except when under the influence of the muriate of morphia.

In short, he felt persuaded that the disease would certainly prove fatal before long, and therefore desired to be relieved from it, whatever might be the danger of the operation. It was performed on the 24th of January. The tissues of the limb were observed to be soft and loosely connected. Great difficulty was experienced in arresting the hemorrhage. The stump sloughed. No effort at reparation took place after the dead parts separated; and the patient, who preserved his appetite and confidence almost to the last, at length sunk under his sufferings on the 7th of February. On dissection, the peritoneum was found almost everywhere studded with small tubercles, and having its surfaces generally adherent. The lungs were thickly interspersed with small tubercles. The wrist was filled with pus; and almost no part of the body presented the appearance of healthy structure.

(*c.*) These fingers, which were small and imperfect, adhered by a narrow filamentous-looking attachment to the integuments covering the ulnar side of the metacarpal bone of the little finger of each hand.

(*d.*) In this case of diseased elbow, the humerus was principally affected. The boy, who came from Arbroath, was admitted on the 16th of November. There was a large opening at the inner side of the joint, which led directly down to the bone. The elbow was much enlarged, stiff, and painful. The disease was referred to a fall sustained ten months before.

The operation was performed on the 22d. A large carious cavity was found to occupy the internal tuberosity and neighbouring part of the humerus, the whole of which part, together with the extremities of the other articulating bones, was removed by successive applications of the cutting-pliers. The patient suffered so little constitutional disturbance, that he could not without some difficulty be persuaded to remain in bed. The wound healed kindly; and he would have made a very satisfactory recovery, had he not been exceedingly wilful, and obstinately resisted every effort to exercise the mobility of the uniting medium. The arm is nevertheless strong, and useful for all ordinary purposes: and there is reason to expect that the degree of motion will become much increased. The boy Arnot, who had his knee-joint cut out two years ago, and who on recovering from the operation, possessed hardly any mobility of the limb, which had been purposely kept still, is now able to bend the leg almost to a right angle with the thigh.

(*e.*) This tumour was seated on the upper and fore part of the arm, close to the axilla. It was about the size of the largest pear, which it also resembled in figure, and had existed for thirteen years. The patient had never suffered much inconvenience from it, until within a few weeks of her admission, which

was on the 22d of January, when a small superficial sore formed at the most dependent part of the tumour, and became the seat of unceasing intolerable pain. Though previously very averse to suffer an operation, and then unfavourably situated for undergoing one, being a nurse at the time, she readily consented to have the tumour removed, which was done without disturbing the secretion of milk. When a section was made through the sore and subjacent structure, a distinct but very superficial carcinomatous degeneration was observed.

(f.) This case was very unpromising, so far as regarded the appearance of the tumour. It was of a very large size, weighing, after its removal, 4½ pounds; unequal surface; purple colour; and very soft consistence at the most projecting parts. But there were other circumstances in its history of a more favourable character. It had existed fifteen years; there was no enlargement of the axillary glands; the tumour felt firm and quite circumscribed at its base; and the patient's general health was excellent. She was very fat, but active and vivacious. The operation was performed on the 11th of August, and the patient was dismissed nearly quite well on the 9th of September. The thickness of the adipose tissue rendered the recovery more tedious than it promised to be at first. She has enjoyed perfectly good health since, and there is not the slightest appearance, local or general, that would lead to the apprehension of a relapse. The tumour, when divided, presented the characters of medullary sarcoma; but the intersecting fibrous bands were firm and broad in proportion to the pulpy substance.

In November, I removed a similar tumour, weighing 5½ pounds, from Mrs F. aged 34. She was a little thin woman, which made the enlargement seem greater than it really was. It had existed upwards of seven years, and latterly increased very rapidly. It was very soft at the projecting parts, discoloured on the surface, and adherent to the pectoral muscle. There was no disease of the glands, but the tumour extended into the axilla, nearly to the clavicle. The base felt firm, tuberous, and distinctly circumscribed. It was found necessary to remove a very large portion of the integuments, which were thin, discoloured, and adherent; and also a great part of both pectoral muscles, so that the cartilages of the ribs were completely denuded to a considerable extent. The tumour, when divided, displayed the characters of medullary sarcoma. The patient made an excellent recovery, and never suffered the slightest constitutional disturbance. She continues to enjoy perfectly good health.

The circumstances that encouraged me to operate in these cases were the slow progress of the disease, the good general health of the patient, and the firm, circumscribed base of the tumour. Being consulted lately by a lady who wished to be relieved from

a small medullary tumour of the breast, I declined, because, though it was not adherent to the muscle, and there was no affection of the glands, the disease threatened to throw out a fungus, and no distinct outline could be felt at its base.

(*g.*) This man came all the way from Londonderry in the north of Ireland, on account of a small tumour under the edge of the jaw. It felt like an enlarged gland; and the circumstance of his having had a sore extirpated from the lip, increased the probability of its being one. The equality of its surface and its mobility led me to entertain some doubts on the subject, and as the patient eagerly desired to be relieved from what was a constant source of uneasiness and apprehension to him, I cut out the tumour,—in doing which it was necessary to divide the facial artery; it was then found to be a cyst containing a mixture of meliceratous and steatomatous matter, with small hairs interspersed.

(*h.*) This man was admitted on the 10th of December on account of a swelling which seemed to depend on hydrocele, but presented a remarkable peculiarity of figure, in so far that its longest diameter was transverse and directed from before backwards. In order to examine the state of matters more thoroughly, the fluid was drawn off by means of a small trocar. It was dark-coloured, and similar, the patient stated, to what had been withdrawn once before, though a clear fluid had previously been taken away. The testicle was much enlarged, and a distinct fluctuation was felt at its anterior part. Soon after he went to bed the scrotum began to swell, and in the course of four hours attained to more than double the size of a child's head. As it was then necessary to make a free incision to remove the effused blood, and apply the means for suppressing its farther flow, I thought it right, at the same time, to remove the testicle, the extirpation of which had been decided by the examination that had been made, and was delayed only until the necessity for its performance could be explained to the patient. No troublesome consequence followed the operation, and the patient was dismissed on the 18th of January. The testicle, when divided, was found to display a cystic structure, and the source of the bleeding proved to be an artery lying on the *tunica vaginalis*.

(*i.*) This woman came from Galashiels on the 24th of January to be relieved from a tumour of the upper jaw, which presented a formidable appearance. It was about the size of an egg, situated on the left side, and extended from the centre of the alveolar arch backwards. It elevated the cheek and depressed the palate. It had a soft consistence, and at the anterior part, where a puncture had been made in the country, protruded a small dark-coloured fungus. The patient was stout and healthy-looking.

This seemed a very proper case for cutting out the superior

maxilla, and the operation was accordingly performed on the 6th of February. Having exposed the anterior surface of the tumour by raising a flap from the cheek, I divided the nasal process of the maxillary bone, the connection with the malar, the septum of the nose (it being necessary to remove more than half of the palate) and lastly the palate, with cutting-pliers. I then attempted to depress and twist out the bone, but the morbid degeneration, which possessed the characters of medullary sarcoma, had rendered it so soft and yielding that the anterior half only came away. The condition of the patient was then truly alarming, since the hemorrhage was not only profuse, but threatened instant suffocation. There being no time for hesitation or gentle measures, I seized the remaining portion of the bone between the last grinders with a pair of strong pliers, and forcibly wrenched it out, together with the palate bone and pterygoid plates of the sphenoid, when a sponge having been thrust into the cavity, the patient was safe.

An hour after the operation hemorrhage occurred from the palatal artery on the *right* side, and rendered it necessary to undo the wound, and surround the vessel with a ligature passed under it through the palate by means of a curved needle. The cavity was then, as before, stuffed with pieces of caddis, and the edges of the wound stitched together, pins being introduced at the points where the two incisions of the cheek intersected the lip. Union by the first intention took place throughout the whole extent of the wound, and the patient might have returned home in a very few days. She remained, in order that we might observe the process of recovery a little longer.

At first there was œdema, and paralysis of the cheek, which rendered articulation and mastication difficult. The parts have now become very firm and contracted, so that there is hardly any deformity, or inconvenience of any kind, and she has gone home.

(*k.*) Dr Farquharson asked me to see this case. The tumour was the size of a uterus at the fifth month of pregnancy, which it very much resembled in appearance. It descended by a narrow neck from the uterus through the vagina, which, when carefully examined, seemed to be perfectly sound, and swelled out beyond the external orifice. At the fundus or lowest part there was an ulceration which threatened to slough. In other parts the tumour could be freely handled without causing pain, and felt of an equable and rather firm consistence. The patient first noticed the swelling three or four years ago; it grew slowly, but could always be readily pushed back into the vagina when it protruded externally, until a week or two before, when she requested Dr Farquharson's assistance; since then it had been quite irreducible, and become considerably larger.

Dr Mackintosh having concurred with Dr Farquharson and myself as to the propriety of removal, I performed the operation on the 25th of December. The woman being placed in a convenient position, I transfixed the neck of the tumour with a needle, and introduced a strong double ligature, one half of which was tied above and the other below with all the force I could exert. When the needle was introduced, such a gush of arterial blood issued from each of the orifices, as showed the necessity of caution. There being now, however, no fear of any great hemorrhage, the neck of the tumour was cut through with a bistoury a little below where it had been tied. A small jet of blood towards the centre of the cut surface showed that the constriction did not operate there with sufficient force. The part whence it proceeded was therefore transfixed with a pin, round which a thread being tied, the bleeding was completely checked. The patient made no complaint during or subsequent to the operation; she felt quite well in a few days, and has continued so ever since. On examination, no trace of the tumour can be perceived. When divided, the morbid growth displayed the characters of simple vascular sarcoma.

(*l.*) In this case the upper eyelid was completely everted, in consequence of a lacerated wound which had extended from near the inner angle upwards to the forehead, and by its contraction during the process of cicatrization, caused the displacement which required remedy. The eyelid was again divided perpendicularly, nearly in the situation of the former wound, and the swollen everted conjunctiva being then cut away, the edges of the incision were placed in proper position, and retained together by a couple of stitches, after which a compress of caddis was applied, to afford additional support. He was dismissed with very little deformity remaining.

(*m.*) This case deserves to be mentioned as affording a useful caution. The patient had been brought to the Hospital some months previously, when his mother was instructed to return with him when he was weaned, and had cut his front teeth. The operation was performed as usual, and succeeded perfectly. The needles were taken out on the fourth day after it, and a strap of plaster was then applied, so as to approximate the cheeks, and prevent any strain on the recent union. Two days after this the mother became anxious to return home, and as the lip seemed quite firm, the strap was taken off, and permission given for her departure. In the course of the day, however, before she left the house, the child being seized with a fit of crying, a small fissure was formed at the margin of the lip, and notwithstanding the means immediately employed by the house surgeon to prevent its extension, soon reduced the lip to its original state.

(*n.*) The sac in this case being very small, not larger than a

small walnut, the treatment by seton was thought preferable to injection. A silk thread was passed through the anterior parietes, and allowed to remain until sufficient irritation seemed to be induced. The subsequent process of recovery was similar to that which occurs after injection.

(*o.*) The nævus was seated in the neck. It was round, of considerable thickness, and the size of a crown piece. It had repeatedly bled so profusely as to alarm the mother for the safety of her child, which was in other respects, though one of twins, healthy and thriving.

A long needle, slightly curved, was passed transversely under the base of the disease, and two threads introduced by it were then tied, so as to include one-half in each. As a small part of the disease slipped behind the thread, a needle was thrust under it, and held there until the ligature was drawn tight. No troublesome accident succeeded. The sloughs separated, and the ulcerated surface healed under the use of lotions containing the sulphate of copper, and the acetate of lead.

(*p.*) The patient, who came from Glasgow, laboured under a complete obstruction of the right nostril, though the anterior and upper part of the nasal cavity, so far as could be seen or felt, seemed nearly free. Having carefully groped backwards with a pair of small forceps, and extracted the small portion of polypous substance that was encountered, I at length detached a large round tumour which had hung backwards. It fell down into the pharynx, whence the patient spat it up, and was instantly relieved from all the annoyance he had previously suffered. A similar occurrence happened a short time before in private. In operating on a gentleman, whose nostril was completely obstructed, I found the passage so extremely narrow, that the smallest instrument could with great difficulty be either introduced or slightly opened, and I was about to despair of removing any thing more than a few small fragments, when the patient suddenly ejected from the pharynx a round mass fully the size of a walnut, and instantly felt quite well.

(*q.*) The patient was a respectable married man ; a mason by trade. He applied on account of a great number of large warty excrescences which completely surrounded the anus, and presented a precisely similar appearance to that observed in aggravated cases of warty growths from the prepuce, and genital organs of the female. He had suffered great distress from the disease, and latterly was confined to bed by it. The excision of the excrescences was effected by means of curved scissors, readily but not very speedily, as they occupied a considerable breadth of surface all the way round.

The following cases, though they did not afford subject for operation, seem deserving of notice.

Psoas abscess.—Michael Calder, aged 14, came from Carnwath, near Lanark, last May, labouring under psoas abscess of both sides, and disease of the spine. On the right side the matter not only caused a swelling under Poupart's ligament, but could be felt distinctly fluctuating in a large cavity on the inner side of the ilium. The abscesses on both sides communicated freely, becoming more or less tense according to the position of the body. The lumbar part of the spine was painful when pressed or moved however slightly, and the patient exhibited that peculiarly stiff characteristic gait which is observed in persons labouring under disease of the spine, accompanied with or resulting from inflammation. He was thin and unhealthy-looking, and had been suffering from his complaint nearly a year. During the preceding autumn he had walked twenty miles for several successive days; soon after which the pain of his back commenced, and gradually increased. The swellings were observed in March.

The actual cautery was applied freely along both sides of the spinous processes at the pained part, and very soon after the discharge was established, he began to experience a remarkable change for the better. The spine was no longer painful when pressed; and he could not only move his limbs, but bend the trunk without any uneasiness. The tension of the swellings also was observed to be much diminished. In the middle of June I advised that he should be taken home to regain if possible his general health, and in case of doing so to be brought back, when the abscesses might be more safely evacuated.

He was re-admitted on the 2d of August, and had become so stout and healthy-looking that he could not be readily recognized for the same sickly emaciated creature we had previously seen. With the exception of the abscesses, which had suffered little alteration, he had now no complaint whatever. The right one was first evacuated by means of a trocar, and then the left one in the same way, but with the interval of three weeks; the wounds healed by the first intention. There still remained a slight degree of swelling on the right side; but as his health threatened to decline, he was again sent home, where he had not been long when one of the wounds opened and allowed the matter to drain off. He maintained his health, the running gradually diminished, finally ceased; and he is now in all respects perfectly well.

The result of this case, treated on the principle of not opening the abscess until the disease of the bone was subdued, contrasts very instructively with that of the following one.

William Brown, aged 23, was brought to the hospital on the evening of the 26th of August on a hand-barrow by two policemen, who stated that they had found him lying in the street. He was in the most wretched state that it is possible to imagine; being exhausted to a shadow, and so weak that he could hardly move a limb, while he suffered from a frequent diarrhœa, severe pain in his back, and a profuse discharge of thin matter from an opening in the loins. He stated, that six months before, after being exposed to cold, he had begun to suffer from pain of the back, and soon afterwards observed a swelling in the loins. About three months after this, he had come to town in search of relief, being at that time able to walk fourteen miles a-day with ease. Two days after his arrival the lumbar tumour was opened by incision, and he had never afterwards been able to leave his bed. How, under these circumstances, he came at length to be found in the state above described, it is unnecessary to relate. He was admitted into the Surgical Hospital, and had every thing done that was possible to soothe his sufferings. But he died on the 4th of October.

Sciatica.—James Gibson, aged 38, farm-servant, from Currie, recommended by Dr Craig, was admitted on the 7th of January on account of sciatica in the left thigh and leg, which had afflicted him more or less for two years, but latterly rendered him unfit for any sort of work. He complained of constant stiffness, and occasional severe pain. One needle was introduced into the hollow between the *trochanter major* and tuberosity of the ilium, about two inches deep, and allowed to remain an hour. He did not afterwards feel any pain below the knee, and found the stiffness greatly diminished. A few days afterwards the needle was again introduced, and allowed to remain two hours. After this he felt in all respects quite well, and returned home.

Another case occurred about the same time, which was similar in the symptoms, treatment, and result.

Dislocation of Spine.—Alexander Robertson, aged 37, fell, 8th August, on a heap of rubbish, and, lighting on his posteriors, suffered a violent impulse of the trunk forwards. When brought to the Hospital, and placed in bed, it was observed that the spine formed an acute projection at the junction of its dorsal and lumbar portions; and that at the summit of this projection there was a space nearly two fingers-breadth between the spinous processes. He complained of intolerable pain, which occasioned him to groan and scream almost without ceasing during the night after the accident. He could not expel his urine, and was unable to move his legs. He lay upon one side, and dreaded the slightest movement or pressure, which greatly aggravated his sufferings. On the 10th, his condition, which had been regarded as nearly hopeless, began to improve. He had

a natural evacuation of his bowels, and began to move his left leg. On the 11th, he passed his urine without the assistance of the catheter. On the 13th, he moved both legs. On the 16th, he turned himself in bed. On the 26th, he sat up in bed. On the 17th September, he was dismissed, being then able to walk with a stick. He is now only somewhat feeble. The spine has become much straighter, but still retains its convex form and separation between the spinous processes.

Spontaneous Dislocation of Cervical Vertebræ.—Peter Macneil, aged 16, had his leg amputated about two years and a-half ago. Owing, as he alleged, to a window being left open in the room where he lay after the operation, he caught cold, and felt a painful stiffness of the neck, from which he was never afterwards free. He gradually became unable to move his head on the vertebræ connected with it, in any direction, or in the slightest degree. He was not, however, confined to bed, but suffered almost constant pain. I was asked to see him last July, and proposed to apply the actual cautery. The friends consented, and were anxious to bring him to the Hospital, but while they were contriving some method of conveyance, he suddenly died. For two or three weeks previously he had complained of difficulty in swallowing.

On dissection the atlas was found firmly anchylosed with the occiput. Both bones were considerably destroyed by absorption, in consequence of which the process of the *vertebra dentata* had been detached from its connections, and become dislocated backwards, so as almost to obliterate the spinal canal, there being left merely a transverse slit, certainly not more than a quarter of an inch wide. It is probable that this contraction of the passage and consequent pressure on the *medulla oblongata*, had been increased immediately before death. But it appears from the slight degree of mobility permitted by the thickening and induration attending the disease, that this increase must have been very inconsiderable; and the preparation, which is preserved, affords a curious specimen of the extent to which the nervous tissue may be compressed *gradually*, without losing its power of functional action.

Exostosis.—Joseph Snodden, aged 14, from Tranent, was admitted into the hospital on the 1st of November on account of a severe bruise of the hand, which he had sustained in ascending a coal-pit, owing to some accidental derangement of the machinery. He was a healthy-looking boy, of fair complexion, and rather slight figure. Almost every bone in his body was found to be the seat of exostosis. The excrescences formed in most instances large tumours obvious to sight, in others they could only be felt. The largest were on the tibias, thigh-bones

and scapula. He did not complain of any pain or inconvenience on their account, and was not sensible of any recent change in their size or figure.

Obstructed Urethra.—In last report it is mentioned that William Swanston, aged 32, had been admitted into the Hospital on account of a complete obstruction of the urethra, which had resulted from a blow on the perineum, and existed 25 years. He is now quite well, and engaged in the country as formerly in the capacity of a farm overseer; but though his cure has been completed, I am persuaded that it would have been effected more speedily and easily on a different principle than the one which I pursued. Instead of making a free division of the obstructed part, and at once introducing a full sized catheter, I passed at first a very small instrument, and expected that the canal would dilate as in cases of stricture through means of a succession of larger ones. But it proved that an obstructed urethra could not be dilated on the same principle as a contracted one; and so little ground was gained by passing bougies, that I found it necessary to introduce a bistoury again, to divide the portion of septum that remained.

Defective Vagina.—Marjory Manson, aged 22, came to this city from Shetland on account of amenorrhœa, and various symptoms connected with it. She was treated for many weeks by a skilful physician with all the most approved emenagogues, but in vain; and being at length dismissed as incurable, she was seen by one of my pupils, who thought of examining the state of the organs more immediately concerned. He found an orifice in the ordinary situation of that of the vagina, which with difficulty admitted a finger, and when it was withdrawn a gush of urine followed. In short, it was ascertained that this opening led into the bladder, and that there was no vagina. She was admitted into the Hospital in order that a search might be made for it; but though something like the uterus could be felt through the coats of the bladder, no trace of the missing passage could be discovered.

2, *Forres Street, 6th March* 1832.

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